



**FIDELIS CARE™**

# Request Primary Care Physician Change

From: Scott Maddock 462309387  
Sender's Name (printed) Practice Tax ID

Harmony Mills Pediatrics 518.235.4827  
Practice Name (printed) Practice Fax# (required)

Fax To: Fidelis Care New York Fax#: **718-393-6635**  
**Member Services Department**  
Rego Park, New York

Date: \_\_\_\_\_  
Medicaid #: \_\_\_\_\_  
Patient: \_\_\_\_\_  
Fidelis ID#: \_\_\_\_\_

*Effective today, I wish to change my Primary Care Physician from (please PRINT):*

Dr. \_\_\_\_\_ Prov ID# \_\_\_\_\_ TO  
Dr. Mary Kathleen W. DiTursi Prov ID# 1308150001117

\_\_\_\_\_  
(Patient Signature)

\_\_\_\_\_  
(Date)

**Member: Have you seen any Primary Care Physician within this month?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, who and when?** \_\_\_\_\_

**• In order for this form to be processed all fields above must be completed.**

**Updated Member Contact Information:**

Language preference if not English: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

**• Always check your Patient Roster or the Fidelis Provider Access Online Portal or use the Fidelis IVR system at 1-888-FIDELIS IVR to ensure that the member is listed on your roster.**