

Notification of Primary Care Physician Change

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Contact/Customer Service],

I am writing to inform you of a change in my primary care physician. Please update your records accordingly.

My previous primary care physician was:

[Previous Physician's Name]
[Previous Physician's Address]
[City, State, Zip Code]
[Phone Number]

My new primary care physician is:

[New Physician's Name]
[New Physician's Address]
[City, State, Zip Code]
[Phone Number]

My policy number is: [Policy Number]. Please confirm that this change has been made and that my new physician is in-network.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]