

Request to Change Primary Care Physician

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Provider]

[Insurance Address]

[City, State, Zip Code]

Dear [Insurance Provider's Contact Name or Department],

I hope this letter finds you well. I am writing to formally request a change to my primary care physician. My current physician is [Current Physician's Name], and I would like to switch to [New Physician's Name] for my ongoing medical care.

The reason for this change is [briefly explain your reason, e.g., relocation, dissatisfaction, etc.]. I believe that [New Physician's Name] will better meet my healthcare needs due to [reason].

Please let me know the necessary steps I need to follow to complete this transition. I appreciate your assistance in this matter.

Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]