

Primary Care Services, Phoenix VAHCS

Transfer of Care: Patient Request Form

This form is used for all patients requesting a change in primary care provider. Complete the information below; including a specific reason you are requesting a change.

Generally, requests to change providers to change or increase narcotic or controlled medications will not be honored.

You will be notified of the decision within **30 days**. Requests for specific providers, as well as gender preference will be considered, but cannot be guaranteed.

Please Print Clearly

Veteran's First Name: _____ Veteran's Last Name: _____

Last 4 of Social Security Number: _____

Phone number: () _____ - _____

Email (we can contact you by email if you like) _____

Name of Current VA Primary Care Provider or current clinic:

PROVIDER CHANGE WITHIN SAME LOCATION (within main facility or CBOC):

State reason(s) for request (must be legible and as specific as possible, please use back of form if needed):

I have read the above statements regarding the change of provider process and understand the requirements.

Signature _____

Date: _____

Received by: _____

Date: _____

GEOGRAPHIC CHANGE:

Is this a geographic transfer request from the main facility to CBOC or from CBOC to other location? (Veteran’s address must reflect proximity to requested location)? If yes, please select the clinic you would like assignment to below:

_____ Globe CBOC
5860 S. Hospital Drive, Suite 111
Globe, AZ 85501

_____ Southeast CBOC
3285 S. Val Vista Drive
Gilbert, AZ 85297

_____ Northeast CBOC
11390 E. Via Linda Road, Suite 105
Scottsdale, AZ 85259

_____ Show Low CBOC
5171 Cub Lake Road, Suite C380
Show Low, AZ 85901

_____ Northwest CBOC
13985 W. Grand Avenue, Suite 101
Surprise, AZ 85374

_____ Thunderbird CBOC
9424 N. 25th Avenue
Phoenix, AZ 85021

_____ Payson CBOC
903 E. Highway 260
Payson, AZ 85541

_____ Emerald Clinic
650 E. Indian School Road
Phoenix, AZ 85012

_____ Mid – Town CBOC
5040 N. 15th Avenue
Phoenix, AZ 85015

_____ Southwest CBOC
9250 W. Thomas Road, Suite 400
Phoenix, AZ 85037

I have read the above statements regarding the change of provider process and understand the requirements.

Signature _____

Date: _____

******Don’t forget to make a copy for your records******

INSTRUCTIONS TO STAFF:

Veteran should complete request in its entirety with signature and date. Form should be completed in entirety to include veteran’s name, last 4 of SSN, current provider, reason for change and if geographic change, the desired location of change.

Processing can take up to 30 days. Once request is processed, veteran will be notified by new clinic if approved or by clinical leadership if denied, with information regarding the appeal process.