Medi-Cal Managed Care
Healthy Families Program
Access for Infants and Mothers
L. A. Care
Major Risk Medical Insurance Program

Provider Request for Member Deletion from Primary Care Physician (PCP) Assignment

PCP Name: ______________________________ Member Name: ______________________________

PCP Phone Number: ______________________ Member ID Number: ___________________________

Date: ___________________________________ Member Date of Birth: _________________________

Member Phone Number: ________________________

Reason for Request

☐ Excessive “no shows”

☐ Urgent or emergency care abuse

What were the dates and circumstances?

____

____

☐ Member not allowing PCP to manage care

☐ Unreasonable demands for referrals

Have you ever seen this member? ☐ Yes ☐ No

What are the specific circumstances?

____

____

☐ Medication abuse

What is the member doing to obtain more medication than necessary?

____

____

☐ Abusive or disruptive behavior

☐ Unsatisfactory doctor/patient relationship (explain below)

☐ Other

Please give specific circumstances:

____

____

Add additional instructions here:

____

____

Mail request to: **Anthem Blue Cross**
PO Box 60007
Los Angeles, CA 90060-0007

Anthem Blue Cross is the trade name of Blue Cross of California and Anthem Blue Cross Partnership Plan is the trade name of Blue Cross of California Partnership Plan, Inc. Independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County

0108 CAW1220 rev: 01/18/13