

Patient Reassignment

Reassignment Decision

The decision to terminate a physician-patient relationship and request member reassignment by Harvard Pilgrim Health Care is a serious matter and should be made only after clear written documentation that all attempts to improve the patient-physician relationship have failed.

Member Notification

Send the member a written notification by certified mail, return receipt, clearly stating the effective date of the termination and the reason(s) for the termination. Continue to provide care to the member for at least 30 days beyond the termination to allow for proper transition of care.

Harvard Pilgrim Notification

Send written notification to Harvard Pilgrim with a copy of the member termination notification letter attached, to:

- *Mail:* Harvard Pilgrim Health Care
Attn: Provider Processing Center, 2nd Floor
1600 Crown Colony Drive
Quincy, MA 02169
- *E-mail:* PPC@harvardpilgrim.org
- *Fax:* 866-884-3843

The effective date of the new assignment will be the first of the month following the member's 30-day notice.

PUBLICATION HISTORY

01/01/12 removed First Seniority Freedom contact information