

**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. If the requested CBOC is not currently taking transfers due to capacity, you will be placed on our transfer request leaf, and will be transferred as soon as capacity is available.

**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 (care issue w/current provider):**

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: \_\_\_\_\_

**DEMOGRAPHIC CHANGE:**

Is this a demographic transfer request from your current CBOC to another 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

\_\_\_\_\_Southwest CBOC  
9250 W. Thomas Road, Suite 400  
Phoenix, AZ 85037

\_\_\_\_\_Payson CBOC  
903 E. Highway 260  
Payson, AZ 85541

\_\_\_\_\_32nd Street VA Clinic  
400 N 32nd Street  
Phoenix, AZ 85008

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\*\*\*\***

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TO BE COMPLETED/SIGNED BY PATIENT

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**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.