



## Request Primary Care Physician Change

**From:** Hafeez Rehman, MD  
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**FAX TO:** Fidelis Care New York  
Member Services Department  
Rego Park, New York

**Fax#:** 718-393-6635

**Date:** \_\_\_\_\_

**Patient:** \_\_\_\_\_

**Fidelis ID#:** \_\_\_\_\_

**Medicaid#:** \_\_\_\_\_

Effective today, I wish to change my primary care physician from:

Dr. \_\_\_\_\_ to  
(printed)

Dr. Hafeez Rehman, M.D. ID 14-1836684

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Member: Have you seen any Primary Care Physicians within this month? (Yes or No) \_\_\_\_\_

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- In order for this form to be processed all fields must be completed.
  - Always check your rosters or the 1-888-FEDELIS IVR System to ensure that the member is on your roster.