



Change of Provider

When a member has an approval for services and wants to switch providers, the **NEW** provider must submit a **NEW** prior authorization request. The new request must contain the following information:

- **SC-16** (Find forms on the OHCA site [here](#).) Change of Provider Request Form OR a signed and dated statement by parent or guardian that includes the following:
 - Member Name
 - Member RID#
 - Service Being Rendered
 - Previous Provider's Name
 - New Provider's Name
 - Effective Date of Change
 - Must have an actual date listed
 - We will attempt to use the effective date requested, however, it is subject to change depending upon claims submitted and paid.
 - Printed Name of Person completing the statement
 - Signature and Date of Person completing the statement
 - Relationship to member

******Please Note******

- **SC-16 Form or Signed Statement** may only be signed by the member, parent/legal guardian or the attorney-in-fact
- **Facilities and their representatives** are not acceptable signatures on the SC-16 Form or the Signed Statement