

## 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**