



PO Box 10
Westfield, NY 14787
716.326.4678

PO Box 570
Sherman, NY 14781
716.761.6144

Dear Patient:

Your health plan requires that you select one doctor to be your Primary Care Physician (PCP).

This is the doctor that you should see for your healthcare needs on a regular basis. Your health plan currently has

Dr. _____ recorded as your PCP. Our records show that he/she is not the doctor that you regularly see. To correct this we need you to call the phone number located on the back of your health benefit card and give them your permission to change the PCP from _____ to _____.

If a doctor is listed that is not a part of our practice, the change must be made today, or your health plan will reject the bill. You will then be responsible for the bill. When you call, ask for a confirmation number, and then call our office to give us that confirmation number.

Sincerely,

WESTFIELD FAMILY PHYSICIANS

If you are unable to locate your card, please call the appropriate member services number below for assistance in making the necessary changes.

	phone number	fax number
Fidelis Care		
Child Health Plus	1.888.343.3547	
Family Health Plus	1.888.343.3547	
BlueCross/BlueShield		
Community Blue	1.800.544.2583	716.887.7912
Community Care	1.866.231.0847	
Child Health Plus	1.866.231.0847	
Family Health Plus	1.866.231.0847	
Senior Blue	1.800.329.2792	
Independent Health	1.800.736.5771	716.635.3890
Univera		
Child Health Plus	1.800.337.3338	716.857.4499
Family Health Plus	1.800.337.3338	716.857.4499
Senior Choice	1.800.558.4320	