



Physician Open/Closed Practice Status Form

Please complete the form below and fax to Peach State Health Plan at
(866) 532-8869.

Physician Name: _____

Group Name (if app.) _____

- Open to all new Patients**
- Closed except for established Patients Only**
(This includes established patients who become members of Peach State)
- Closed except for established patients and immediate family members.**
(This includes established patients and their immediate family members who become members of Peach State)
- Pediatrician and Family Practice Providers- Closed except for established patients and newborns only.**
(This includes Pediatricians and Family Practice Providers who are closed to new patients except for newborns)

Effective date of change: _____ (45 day notice required when closing to new patients)

Physician Signature: _____ Date: _____

Exceptions to the above selection **CANNOT** be made for individual patients.

If your practice is closed based on one of the above criteria, any new patient not meeting the appropriate criteria will be required to select a different Primary Care Physician (PCP) to manage their health care.

The effective date will be within 45 days of request.

Peach State Health Plan requires a 45 day notice when closing your practice to new patients.