WE TRY TO do our best to help. If you are not satisfied with your current service provider, you can request to change your provider. Requesting a change of provider will not adversely affect your services with the Fresno County Behavioral Health Plan.

HOW TO REQUEST A CHANGE OF PROVIDER:

To request a change of provider, complete this form and mail it to:

Fresno County
Department of Behavioral Health
P.O. Box 45003
Fresno, CA 93718-9886

You can pick up a form and envelope at any provider site. If you do not wish to complete this form, you can call 1-800-654-3937 as another option.

You will receive a letter as soon as we receive your Change of Provider request.

Every effort will be made to complete your request. However, submitting a request does not guarantee we will change your service provider. If you do not agree with the decision, you may file a grievance.

You will not be discriminated or retaliated against. We can help you with the form. We can guide you through the process. We can provide support services, such as an interpreter. If you have trouble speaking or hearing, please call 711 for help.

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Change of Provider
Request Form
English 06/2021

CHANGE OF PROVIDER REQUEST FORM

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FRESNO COUNTY
DEPARTMENT OF
BEHAVIORAL HEALTH
1-800-654-3937

CHANGE OF PROVIDER REQUEST FORM (Please print)

Please complete the following regarding the individual requesting a change of provider:

Last Name:	First Name:	M.I	This request is related to: ☐ Mental Health Services ☐ Substance Use Disorder Services

Date of Birth:	Daytime Phone Number: ( )	Message Phone Number: ( )	Preferred Language:

Address:	Unit:	City/State:	Zip Code:

If this request is for a minor or dependent adult, you are the: ☐Parent ☐Guardian ☐Conservator ☐Other _____

Information about your Change of Provider request:

Name of your current provider:

Reason for requesting a change of provider:

Is your request because of a problem or personal choice: ☐ Problem ☐ Choice

If there is a problem, have you discussed it with your current provider: ☐ Yes ☐ No

If yes, please describe what has been done to try to resolve the problem.

Print Name:	Signature:	Date Requested: