



# Allwell Member Reassignment Form

## Member Information

Member Name:	Member ID Number:	Member DOB:
Member Phone Number:	Member Address:	
Provider Currently Assigned to:		

## Provider Information

Group Name:	Phone Number:
Address:	Name of Person Completing Form:
Reason for Reassignment:	

Please return form to Allwell Risk Adjustment. Fax Number: 1-844-822-6220.  
Secure email: RiskAdjustment@ARhealthwellness.com