

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]

Kaiser Permanente  
[Department Name]  
[Address]

[City, State, ZIP Code]

Dear Kaiser Permanente Team,

Subject: Request for Provider Change

I hope this letter finds you well. I am writing to formally request a change in my healthcare provider. My member ID is [Your Member ID], and I am currently assigned to Dr. [Current Provider's Name].

After careful consideration, I have decided to switch to Dr. [New Provider's Name] for my ongoing medical care. I believe this change will better suit my healthcare needs.

Please let me know if you require any further information to process this request. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Member ID]