



## Primary Care Provider Change Request Form

Please complete and fax to: 1-888-261-9025

### Member Information:

Member ID \_\_\_\_\_ Date of birth (month/day/year) \_\_\_\_\_

Member Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Signature \_\_\_\_\_

**ID card will be mailed to the last reported address on file at TennCare. If you have recently moved, please contact the Family Assistance Service Center at 1-866-311-4287.**

### Provider Information:

Name of New PCP \_\_\_\_\_ Provider Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ NPI Number \_\_\_\_\_

Reason for the change:

- Established Patients Only
- Override age restrictions
- Override patient load
- Other (please explain) \_\_\_\_\_

**NOTE: All PCP changes for members in DCS custody must have a signed form from a DCS Representative.**