

## Primary Care Provider (PCP) Change Request

Fill this out and mail to:

**BlueCare Claims Service Center  
1 Cameron Hill Circle, Suite 0035  
Chattanooga, TN 37402**

When you choose a PCP, we will send you a new ID card.

You can begin seeing your new PCP on the effective date on your new card.

### Member Information:

Your Name: \_\_\_\_\_  
Last
First
MI

Your Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your ID number: \_\_\_\_\_ Your Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month
Day
Year

Your Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Area code
Number

### PCP 1<sup>st</sup> Choice:

Name of PCP you want: \_\_\_\_\_  
Last
First

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Area code
Number

Provider ID number (listed in the Provider Directory): \_\_\_\_\_

### PCP 2<sup>nd</sup> Choice:

Name of PCP you want: \_\_\_\_\_  
Last
First

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Area code
Number

Provider ID number (listed in the Provider Directory): \_\_\_\_\_