

Primary Care Provider Change Request Form

Fax: 1-888-261-9025

For urgent requests, please call Customer Service toll-free at 1-800-468-9736 for BlueCare or 1-800-276-1978 for TennCareSelect.

ALLOW 24 - 48 HOURS FOR PROCESSING

Note: Failure to provide all requested information below will result in this request not being processed.

MEMBER INFORMATION

Date Submitted _____

Member's Full Name
Member's Date of Birth
Legal Guardian's Name (If younger than age 18)
Member ID Card Number
Member's Address
State of Residence
Patient Phone Number
Signature of Member – Parent or Guardian

NEW PCP INFORMATION

*Date of Request (Effective Date of PCP Change)
Name of PCP
Name of Staff Member Processing Request
Telephone Number of PCP
PCP Fax Number
PCP ID Number
PCP Tax ID Number
PCP Address including City and State
Physician or Representative's Signature

*** In order for the date of the visit to be the effective date of the PCP change, this form must be faxed to the MCO on or prior to the date of service.**

Reason for the change (please indicate one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Established Patients Only | <input type="checkbox"/> PCP Office Inconvenient | <input type="checkbox"/> Unhappy with PCP |
| <input type="checkbox"/> Initial Assignment | <input type="checkbox"/> Appointment Availability | <input type="checkbox"/> Member/PCP Relocation |
| <input type="checkbox"/> Override Patient Load | <input type="checkbox"/> Override Age Restrictions | <input type="checkbox"/> Member Choice |

If the member has moved, please ask them to update their address with TennCareSM by calling Tennessee Health Connection at 1-855-259-0701.