

# 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, **1-800-276-1978** for TennCareSelect or **1-800-924-7141** for CoverKids.

Please allow 24 to 48 hours for processing.

**Note:** We won't be able to process your request if we don't receive all of the information below.

## 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:

**\* For the date of the visit to be the effective date of the PCP change, this form must be faxed to us on or before the date of service.**

Reason for the change (please choose 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 TennCare<sup>SM</sup> by calling TennCare Connect at 1-855-259-0701.