

PCP Change Request Form



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

Member Information:

Member ID _____ Date of birth (month/day/year) _____

Member First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Signature _____

Provider Information:

Name of New PCP _____ Provider Number _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____ Email _____

Physician Signature _____ Date _____

Reason for change:

Established Patients only override age restrictions override patient load

Other (please explain) _____

BlueCare Plus Tennessee, an independent licensee of the BlueCross BlueShield Association. BlueCare Plus Tennessee is a Health plan with a Medicare contract and a contract with the Tennessee Medicaid Program.