

Primary Care Provider (PCP) Change Request Form



Fill out this form and mail to:

BlueCare Plus | 1 Cameron Hill Circle, Suite 0039 | Chattanooga, TN 37402

When you choose a new PCP, we'll send you a letter to let you know we made the change.

Member Information

Your Name: _____
First Last MI

Your Address: _____

City: _____ State: _____ Zip: _____

Your Member ID number: _____ Your Birth Date: ____/____/____
(Your Member ID number can be found on your BlueCare Plus member card.) Month Day Year

Phone Number: () _____
Area Code

PCP 1st Choice

Name of PCP you want: _____
First Last

Office Address: _____

Telephone Number: () _____
Area Code

PCP 2nd Choice

Name of PCP you want: _____
First Last

Office Address: _____

Telephone Number: () _____
Area Code

For you. With you. We're right here.



Questions? Please call us.
1-800-332-5762 (TTY: 711)



bluecareplus.bcbst.com



1 Cameron Hill Circle | Chattanooga, TN 37402 | bluecareplus.bcbst.com

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-5762 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-332-5762 (TTY:711).