



Primary care physician change form

Complete this form if your patient needs to change their primary care physician (PCP) that's on file.

Instructions: Fax the form to **888-205-9851** on or prior to the date of service with your patient's new PCP. Please allow 24-48 hours for processing.

For urgent requests, call Member Services at **800-690-1606**. If your patient has moved, please ask them to update their address with TennCare by calling Tennessee Health Connections, at **855-259-0701**.

Required – we won't process the form if all the requested information below isn't listed.

| Patient information | Date submitted _____ |
|--|----------------------|
| Full name | |
| Date of birth | |
| Legal guardian's name (if younger than age 18) | |
| Patient ID card number or Social Security number | |
| Phone number | |
| Address | |
| Signature of patient – parent or guardian | |

| New PCP information | |
|--|--|
| Date of request (effective date of PCP change) | |
| Name of PCP | |
| Name of staff member processing request | |
| Phone number | |
| Fax number | |
| PCP ID number | |
| PCP tax ID number | |
| Address | |
| Physician or representative's signature | |

Reason for the change (select all that apply)

| | | |
|--|--|---|
| <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"/> Patient/PCP relocation |
| <input type="checkbox"/> Override patient load | <input type="checkbox"/> Override age restrictions | <input type="checkbox"/> Patient choice |