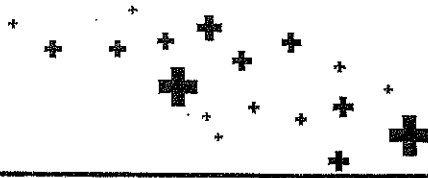




BlueCareSM
TennCareSelect



Primary Care Provider Change Request Form

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

Member Information:

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

Member Name: First _____ MI _____ Last _____

Address _____

City _____ State _____ ZIP _____

Phone Number _____ Signature _____

ID card will be mailed to the last reported address on file at TennCare. If you have recently moved, please contact the Tennessee Health Connection at 1-855-259-0701.

Provider Information:

Name of New PCP _____ Provider Number _____

1503 West Elk Ave Ste 12
Address _____

Elizabethton TN 37643
City _____ State _____ ZIP _____

423-547-9400 423-547-9401
Phone Number _____ Fax Number _____

Email Address _____

Physician Signature _____ Date _____ NPI Number _____

Reason for the change:

- Established Patients Only
- Override age restrictions
- Override patient load

Other (please explain) To est pt, wrong PCP on file

NOTE: All PCP changes for members in DCS custody must have a signed form from a DCS Representative.