



PCP 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 Family Assistance Service Center at 1-866-311-4287.

Provider Information:

Name of New PCP _____ Provider Number _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ Email Address _____

Physician Signature _____ Date _____

Reason for the change:

- Established Patients Only
- Override age restrictions
- Override patient load
- Other (please explain) _____

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

10-2067 (4/11)

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