

This form is being published at the request of the Bureau of TennCare.

Fax 1-888-205-9851

For urgent requests, please call Customer Service toll free at 1-800-690-1606.

ALLOW 24 - 48 HOURS FOR PROCESSING

Note: Failure to provide all requested information below will result in this request not being processed.

MEMBER INFORMATION

Date Submitted _____

Member's Full Name	
Member's Date of Birth	
Legal Guardian's Name (If younger than age 18)	
Member ID Card Number	
Member's Address	
State of Residence	
Patient Phone Number	
Signature of Member – Parent or Guardian	

NEW PCP INFORMATION

*Date of Request (Effective Date of PCP Change)	
Name of PCP	
Name of Staff Member Processing Request	
Telephone Number of PCP	
PCP Fax Number	
PCP ID Number	
PCP Tax ID Number	
PCP Address including City and State	
Physician or Representative's Signature	

*** In order for the date of the visit to be the effective date of the PCP change, this form must be faxed to the MCO on or prior to the date of service.**

Reason for the change (please indicate one):

- | | | |
|--|--|--|
| <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"/> Member/PCP Relocation |
| <input type="checkbox"/> Override Patient Load | <input type="checkbox"/> Override Age Restrictions | <input type="checkbox"/> Member Choice |

If the member has moved, please ask them to update their address with TennCare by calling Tennessee Health Connections at 1-855-259-0701.