



Fax: 1-866-840-4993

For urgent requests, please call Member Services toll free at 1-800-600-4441.

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 managed care organization (MCO) on or prior to the date of service.**

Reason for the change (please indicate one):

- | | | |
|---------------------------|---------------------------|-----------------------|
| Established patients only | PCP office inconvenient | Unhappy with PCP |
| Initial assignment | Appointment availability | Member/PCP relocation |
| Override patient load | Override age restrictions | 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.