

PCP Change FormFax: **800-840-4993**For urgent requests, call Member Services toll free at **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)	
Name of PCP	
Name of staff member processing request	
Telephone number of PCP	
PCP fax number	
PCP NPI number	
PCP tax ID number	
PCP address, including city and state	
Physician or representative's signature	

Note:

The effective date of the new PCP assignment shall be based on the date of the member's signature on the *PCP Change Form*, or parent's or guardian's signature if the member is a child, when the form is received within three business days of the date of signature on the *PCP Change Form*. In cases where the *PCP Change Form* is not received within three business days of the date of the signature on the form, the effective date shall be the *PCP Change Form* date of receipt. *

Amerigroup Community Care complies with the applicable federal and state civil rights laws, rules, and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call **800-454-3730**. Information about the civil rights laws can be found at [tn.gov/tenncare/members-applicants/civil-rights-compliance.html](https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html).

Optional — Ethnicity

Practitioner name	
NPI	

- ☐ African American/Black
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Asian Indian
- ☐ Chinese
- ☐ Hispanic/Latino
- ☐ Pacific Islander
- ☐ White

Optional

- ☐ Reason for the change (indicate one):
- ☐ Established patients only
- ☐ Initial assignment
- ☐ Override patient load
- ☐ PCP office inconvenient
- ☐ Appointment availability
- ☐ Override age restrictions
- ☐ Unhappy with PCP
- ☐ Member/PCP relocation
- ☐ Member choice

If the member has moved, please ask them to update their address with Amerigroup Community Care by calling Member Services at **800-600-4441**.