

# Primary care physician change request form

**To be completed and submitted by the provider with the member's consent.**

Your primary care provider (PCP) is the doctor you go to first and most often for your health care needs. They also help you stay healthy by giving advice on checkups and care.

By signing this form, you are selecting a new PCP and notifying Aetna Better Health® of Oklahoma to update your records.

If you want to choose a different PCP later, you can call the number on the back of your member ID card.

## Member information

First name	MI	Last name
Date of birth	Member ID number	Social security number
Address	Telephone number	
City	State	ZIP code

## PCP change request

Requested PCP name	NPI	
Office address		
City	State	ZIP code
Office telephone number	Tax ID	Effective date

Reason for change from assigned PCP

Please check appropriate response below:

- ☐ New member made first time selection
- ☐ Already patient with requested PCP
- ☐ Requested PCP sees family members
- ☐ Member preference
- ☐ Member moved
- ☐ PCP hours did not fit member needs
- ☐ Quality of care
- ☐ Provider location
- ☐ Association with hospital or medical group
- ☐ Language/communication barriers
- ☐ Wait time in provider office
- ☐ Appointment availability/access to care
- ☐ Established relationship with another PCP
- ☐ Other

Signature of member or authorized representative	Date
Print name of member or authorized representative	

Directions: Please fax this form, with a copy of the member ID card, if available, to Member Services at **1-833-542-0467**. If you have questions about this form or want to make this request over the telephone, please call Member Services at **1-844-365-4385 (TTY: 711)**.

