

# 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:

- |   |   |
|---|---|
| <input type="checkbox"/> New member made first time selection | <input type="checkbox"/> Provider location                          |
| <input type="checkbox"/> Already patient with requested PCP   | <input type="checkbox"/> Association with hospital or medical group |
| <input type="checkbox"/> Requested PCP sees family members    | <input type="checkbox"/> Language/communication barriers Wait       |
| <input type="checkbox"/> Member preference                    | <input type="checkbox"/> time in provider office                    |
| <input type="checkbox"/> Member moved                         | <input type="checkbox"/> Appointment availability/access to care    |
| <input type="checkbox"/> PCP hours did not fit member needs   | <input type="checkbox"/> Established relationship with another PCP  |
| <input type="checkbox"/> Quality of care                      | <input type="checkbox"/> 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)**.

