



Primary Care Physician (PCP) Change Request Form

Provider/Facility: _____ OR Stamp: _____

Tax ID #: _____ Phone: _____

Member Information

Member Name (required): _____

Member Phone # (required): _____ Member ID # OR Date of Birth (DOB) (required): _____

Other Family Members

Member Name: _____ Member ID # or DOB: _____

Member Name: _____ Member ID # or DOB: _____

Member Name: _____ Member ID # or DOB: _____

Reason for Change (required):

- ☐ No Reason - I just want a different doctor on my card.
 - ☐ More convenient location/hours.
 - ☐ Referral by family/friend.
 - ☐ Changing to a Patient-Centered Medical Home.
 - ☐ I am an existing patient with this doctor. I did not request this doctor when I enrolled with TrueCare.
 - ☐ Dissatisfaction - A TrueCare representative will contact you upon receipt of request.
 - ☐ I requested this PCP when I enrolled, but TrueCare assigned a different doctor on my TrueCare ID card.
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☐ I want to be contacted by a TrueCare representative to discuss the change.

The **required** fields must be completed for the change to be processed. Members can continue to be treated by the requested PCP until the change is complete. The member should continue to use their current ID card until the new ID card is received. All requests will be processed within three to five business days of receipt.

Member/Member Representative Signature: _____

Date: _____

Provider (Staff) Signature: _____

Date: _____

Fax requests to TrueCare Member Services at 1-937-226-6916.