

Medicare Advantage Member Primary Care Provider Change Request Form



Fax this completed form to 615-401-4663 or call 800-668-3813 to change your PCP. This form is to be completed and submitted by the provider with the member's consent.

Please complete all fields. Your PCP is the doctor you go to first and most often for your health care needs and for guidance about important preventive care to keep you healthy and active. By signing this form, you are selecting a new PCP and notifying HealthSpring to make this change to our files.

Member name		Member ID
Member phone	Date of birth mm/dd/yyyy	
Member signature		Date signed

Current PCP name		Group or location	
New PCP name		New PCP group or location	
PCP National Provider Identifier	Address		
Reason for change		Effective date	

Preparer name		Date
Preparer signature		Phone
Preparer email		

All PCP changes submitted to HealthSpring prior to the 15th of the month will be effective on the first of the same month. All PCP changes submitted after the 15th of the month will be effective the first of the following month. If outstanding claims are still processing, the effective date may be the first of the following month. All change requests are subject to verification and provider availability. Upon receipt of form, it may take up to five days to process the request.