

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.