

# PCP Change Request



## DIRECTIONS:

Use this form to request a change to your Primary Care Provider (PCP). If you have questions about this form, call Member Services at **1-866-329-4701 (TTY: 711)**.

Send the completed form with a copy of the member ID card to:

**Mail:** Aetna Better Health of Illinois  
3200 Highland Avenue, MC F661  
Downers Grove, IL 60515

## Member Information (please print)

Member Name:	Address:
Member ID Number:	City:
	State: Zip:
Member Date of Birth:	Phone:

## PCP You Want to Change To

Requested PCP Name:	Office Address:
National Provider Identifier (NPI):	City:
	State: Zip:
Office Phone:	Effective Date:

## Reason for Change

- Already a patient with requested PCP
- Requested PCP already sees family member
- Member preference
- Member moved
- Current PCP hours do not fit member needs
- Quality of care
- Provider location
- Language/communication barriers
- Wait time in provider office
- Appointment availability
- Office/Building physical access barriers
- Current PCP fails to provide accommodations
- Association with hospital or medical group
- Established relationship with requested PCP
- Other

Signature of Member or Authorized Representative:	Date:
Printed Name of Authorized Representative:	

