BlueCare Primary Care Practitioner Change Form

Note: When possible, Member should call BlueCare for Primary Care Practitioner (PCP) change

To be Completed by New Primary Care Practitioner

PCP
Name:_____
Last First MI

BlueCare Provider Number:_____

Address:_____

_____

Telephone:_____

Please add_____to my BlueCare Member assignment.
Last Name First Name MI

☐☐☐☐Please increase my patient load to:_____

To be Completed by BlueCare Member

Member
Name:_____
Last First MI

BlueCare Member ID Number:_____

Address:_____

_____

Telephone:_____

Former
PCP:_____
Last First MI

Please change my Primary Care Practitioner to

_____
New PCP Name

I understand I will see_____for all my health care, except in an emergency. New PCP Name

_____

Member Signature Date New PCP Signature Date

Fax to: BlueCare PCP Department
Attention: PCP Change Team
1-888-261-9025