

Change Primary Care Provider  
**Request Form**



Please fill out and fax to: 888-205-9851  
PLEASE PRINT

Member ID \_\_\_\_\_ Date of birth (month/day/year) \_\_\_\_\_

Member Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Signature \_\_\_\_\_

ID card will be mailed to the last reported address at TennCare. If you have recently moved, please contact the Family Assistance Service Center at 866-311-4287.

This information must be filled out or change request will not be done.

Is your provider panel open to new TennCare patients  Yes  No

If Provider Panel is closed please indicate reason for adding the patient to closed panel.

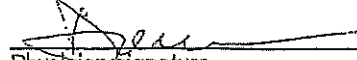
Dr. Gina Dieudonne  
New Primary Care Provider

1636 Main Street  
Address

Humboldt \_\_\_\_\_ Tennessee \_\_\_\_\_ 38343  
City \_\_\_\_\_ State \_\_\_\_\_ Zip

731-784-7833 \_\_\_\_\_ 731-784-7856 \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number

205832086 \_\_\_\_\_  
Nine digit TAX ID# \_\_\_\_\_ Two digit suffix:

  
Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax only this page to the number above.

8 Cadillac Drive, Suite 100, Brentwood, TN 37027  
800-690-1606 UHCommunityPlan.com