Aetna Better Health® of Maryland
509 Progress Drive, Suite 117
Linthicum, MD 21090

PCP Change Request Form

Member Information

First name	Middle initial	Last name	
Date of birth	Member ID number		Social Security Number
Address			Telephone number
City		State	ZIP code

PCP Change Request

Requested PCP name		NPI number
Office address		
City	State	ZIP code
Office telephone number	Tax ID number	Effective date

Reason for Change from Assigned PCP

Please check appropriate response below:

- ☐ New member made first time selection
- ☐ Already patient with requested PCP
- ☐ Requested PCP sees family members
- ☐ Member preference
- ☐ Member moved
- ☐ PCP hours did not fit member needs
- ☐ Quality of care
- ☐ Provider location
- ☐ Association with hospital or medical group
- ☐ Language / communication barriers
- ☐ Wait time in provider office
- ☐ Appointment availability / access to care
- ☐ Established relationship with another PCP
- ☐ Other

Signature of member or authorized representative	Date
Print name of member or authorized representative	

Directions: Please fax this form, with a copy of the member ID card, if available, to member Services Department at **1-866-361-8495**. If you have questions about this form or want to make this request over the telephone, please call Member Services at 1-866-827-2710 (TTY users dial 711).

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