Aetna Better Health® of Kentucky
9900 Corporate Campus Drive, Suite 1000
Louisville, KY 40223

PCP Change Request Form

Member Information		
First Name:		Middle Initial:
Last Name:		DOB:
Member ID #:		SSN:
Address:		Telephone #:
City:	State:	Zip:

PCP Change Request		
Requested PCP Name:		NPI#:
Office Address: **232 W Old Country Rd, Hicksville**		
City **New York**	State **NY**	Zip **11801**
Office Telephone #: **917-310-3371**		Tax ID #: **27-1058844**
Effective Date:		

Reason for change from assigned PCP			
Please check (✓) appropriate response below:			
	New member made first time selection		Provider location
	Already patient with requested PCP		Association with hospital or medical group
	Requested PCP sees family members		Language / communication barriers
	Member preference		Wait time in provider office
	Member moved		Appointment availability / access to care
	PCP hours did not fit member needs		Established relationship with another PCP
	Quality of care	✓	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 **1-855-454-5578**. If you have questions about this form or want to make this request over the telephone, please call Member Services at **1-855-300-5528**. (TTY users dial **711**/TDD users dial **1-800-627-4702**).