Aetna Better Health® of Kansas
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210

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:		
City:	State:	Zip:
Office Telephone #:		Tax ID #:
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 **1-959-282-8852**. If you have questions about this form or want to make this request over the telephone, please call Member Services at **1-855-221-5656** (TTY users dial **711**).
www.aetnabetterhealth.com/Kansas