SoonerSelect PCP Change Request Form

Use this form for Aetna Better Health® of Oklahoma, Oklahoma Complete Health, and Humana Healthy Horizons.

Member Information		
Member Name:	DOB:	Member ID #:
Phone:	Address:	
City:	State:	ZIP:

Current Primary Care Provider (PCP)	
Current PCP:	Clinic:

Requested Primary Care Provider (PCP)	
Requested PCP:	Clinic:
Effective Date Requested:	

Reason for PCP Change		
New patient Moved	Provider unavailable Patient preference	Continuity of care Other:

Member Authorization	
I authorize my Medicaid Managed Care Organization to change my Primary Care Provider as requested above.	
Member Signature:	Date:

Clinic/Provider Completing Form	
Clinic Name:	Prepared By:
Phone:	Fax:
Provider/Authorized Representative Signature:	Date:

Submission instructions			
MCO	**Fax**	**Email**	**Other**
Aetna Better Health of Oklahoma	1-833-542-0467	MemberServices-ABHOklahoma@AETNA.com	Include member ID copy if available. Support: 1-844-365-4385
Oklahoma Complete Health	1-833-611-2153	OKPCPChange@centene.com	
Humana Healthy Horizons	N/A	OKCPCCHANGE@humana.com	

Submission Checklist

- Member demographics complete
- Correct Member ID entered
- Requested PCP identified
- Reason for change documented
- Member signature obtained
- Provider signature completed
- Submitted to correct MCO

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