PRIMARY CARE MANAGER (PCM) CHANGE REQUEST FORM (FOR PATIENTS)

(See DD Form 2005 for Privacy Act information.)

Section I - Patient's/Parent's/Legal Guardian's Request

1. Patient's name	2. Age	3. Are you enrolled in ☐ Tricare Prime? ☐ The SPP?	4. Sponsor's name

5. Family number prefix	6. Sponsor's social security number	7. Home phone *(include area code)*	8. Work phone *(include area code)*

9a. Street address	9b. City, State, Zip Code

10a. My current PCM is:	11. I request that I be removed from this PCM's panel for the following reasons: **(Mandatory statement.)**
10b. I have seen this PCM _____ times.	

12. Chronic medical problems that may affect my assignment to another PCM include:

13. Request I be changed to one of the two providers I have listed below:

13a. First choice	13b. Second choice

14. If it is not possible to be assigned to my first or second choice of providers, I would like to--
☐ remain with my current PCM ☐ Be assigned the next available PCM at the appropriate care level

15. Patient's certification of understanding

I understand that while I will be assigned to the appropriate level of care provider, it many not always be possible to assign me to my first choice in providers. I also understand that it is mandatory for me to leave my medical record for review. My medical record will be turned in to the Medical Records Section upon completion of the review unless otherwise specified below.

16a. Printed name of patient, parent or legal guardian	16b. Signature	16c. Date

Section II - Clinic Chief's Recommendation

17. Recommend ☐ Approval ☐ Disapproval

18. Comments:

19. The patient requires the following level of care: ☐ FNP or PA ☐ Internist ☐ Family Practice Physician ☐ Pediatrician

20a. Clinic chief's printed name or stamp	20b. Signature	20c. Date

20d. Current PCM's team: ☐ Pediatrics ☐ _____ Clinic

Section III - Primary Care Chief's Approval/Disapproval

21. Request is ☐ Approved ☐ Disapproved

22. Comments:

23a. Primary Care chief's printed name or stamp	23b. Signature	23c. Date

Patient: Do not sign in block 16b until you have read the statement in block 15.