

PCP Coordinated Care HMO Plans

Covering PCPs Form



An Independent Licensee of the Blue Cross and Blue Shield Association

Providers who have been selected as a designated PCP for a member with a PCP Coordinated Care HMO Benefit Plan must have covering PCPs for times when they are not available. **A covering PCP must be an MD, DO or NP actively practicing as a PCP, and contracted for participation in the network associated with the member's benefit plan.** PCPs and PAs within the designated PCP's practice (same tax ID) will automatically be considered covering PCPs – no notification to BCBSAZ is necessary.

Use this form to notify BCBSAZ of any covering PCPs who are not within the designated PCP's practice (same tax ID).

Designated PCP information		
Designated PCP	PCP's NPI	
Practice Name	Tax ID	Phone

ADD the following covering PCPs (up to 3) who are not in the designated PCP's tax ID		
1	Covering PCP	NPI
	Practice Name	Effective date
2	Covering PCP	NPI
	Practice Name	Effective date
3	Covering PCP	NPI
	Practice Name	Effective date

DELETE the following covering PCPs		
1	Covering PCP	NPI
	Practice Name	End date
2	Covering PCP	NPI
	Practice Name	End date
3	Covering PCP	NPI
	Practice Name	End date

Authorized Electronic Signature

I am _____ and I verify that I am authorized to submit this information on behalf of the provider or the provider's agent. I agree that by entering my name in the electronic signature field below, I am authorizing the information indicated in this form to be filed with BCBSAZ.

/s/ _____
 AUTHORIZED ELECTRONIC SIGNATURE

 DATE

**Sign, save, attach and email this form to ProvNet@azblue.com or
 Sign, save and fax this form to BCBSAZ Network Management at (602) 864-3142**