



### Primary Care Provider Change Request Form

If a UnitedHealthcare Community Plan member wants to change their primary care provider (PCP), please complete this form and fax it to 866-888-1129. You must complete all fields, we won't process incomplete forms.

#### Member Information

Member Name \_\_\_\_\_ Member Birth Date \_\_\_\_\_

Member Phone Number \_\_\_\_\_ Member ID # \_\_\_\_\_

Member Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature of Member or Authorized/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

**(We won't process forms submitted without a signature)**

Print Name of Authorized/Responsible Party \_\_\_\_\_

We'll mail a new ID card to the address last reported to the Healthcare Authority (HCA). If you've recently moved, please call the HCA at 800-562-3022 or use 711. You can also update your address at [wahealthplanfinder.org](http://wahealthplanfinder.org)

#### PCP Information

Current PCP Name: \_\_\_\_\_

Reason for change (please check one):

- Member moved to new service area
- PCP not accepting new patients
- PCP retired
- PCP left location
- PCP not accepting existing patients
- PCP deceased
- Other (please explain) \_\_\_\_\_

#### New PCP Information

FQHC/RHC?  Yes  No (If yes, PCP assignment will be made to the group not individual practitioners)

Name _____	NPI																		
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Service Address _____	Tax ID																		
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City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

<input type="checkbox"/> Established patient (change will be effective on the first day of the current month)
<input type="checkbox"/> New patient (change will be effective on the first day of the next month)

Office Contact Name/Phone \_\_\_\_\_

Office Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please call UnitedHealthcare Community Plan Member Services at 877-542-8997. Thank you.