



Request for Member Discharge from a Primary Care Provider

General Guidelines: Occasionally, a care provider may choose to no longer treat a member, also known as member discharge. Member discharges must be based on behavioral issues or an inability to treat the member's medical needs, and not due to monetary issues. The Primary Care Provider (PCP) must notify the member of discharge prior to submitting the request to UnitedHealthcare Community Plan.

After a request for discharge is submitted, the member is notified and allowed five days to select a new PCP. If the member does not choose a new PCP within that timeframe, the member will be auto-assigned to a new PCP and will be removed from your panel. **PCPs must provide care to the member or refer them to another care provider until the member's new PCP assignment is made.**

If you have questions, please call Provider Services at **888-650-3462** or contact your Provider Advocate. Thank you.

Member Name:		Member Date of Birth:	Member ID#:	
Member Address (No. Street):	City:		State:	Zip Code:
Member Phone Number(s):		Member Phone Number(s):		
Current PCP Name:		Current PCP NPI:		
Current PCP Signature:		Date:		

Reason for discharge (please check one):

- Continuously misses appointments
- Abusive behavior with office staff
- Seeks unauthorized care from other care providers
- Non-compliance with treatment regime
- Practice doesn't serve member's age/sex
- Other (please explain) _____

Please send Provider Services this completed form and attach a copy of the discharge notification sent to the member.

- Fax to: **866-888-1129**
- Mail to: UnitedHealthcare Community Plan
1089 Jordan Creek Pkwy, Suite 320
West Des Moines, IA 50266
- Or, submit this information through your provider advocate.