UnitedHealthcare®
Community Plan
10895 Grandview, Suite 200
Overland Park, KS 66210

KanCare

Request for a Change of Primary Care Provider (PCP)

Member Name: _____ Member Birth Date: _____

Member Address: _____ Member ID #: _____

Member City: _____ State: _____ ZIP code: _____

Current PCP Name: _____ NPI# _____

Current PCP Address: _____

Reason for change (check one):

- ☐ Member moved out of PCP service area
- ☐ Patient Already Established
- ☐ PCP retired
- ☐ PCP left location
- ☐ PCP moved out of service area
- ☐ PCP deceased (died)
- ☐ Other (please explain) _____

New PCP Name: _____ NPI# _____

New PCP Address: _____

New PCP City: _____ State: _____ ZIP code: _____

Please fax this completed form to 866-888-1129

Member Signature: _____ Date: _____

Member Phone Numbers: (____) _____ (_____) _____

Note: Member Signature Required