



Attn: Member Services
Phone: 800-587-5187
Fax: 866-888-1129

**Primary Care Physician Change Request Form
 For Rite Care, Rhody Health Partners and Children with Special Needs**

Please fax this completed request form to 866-888-1129 to authorize UnitedHealthcare Community Plan to process a primary care physician (PCP) change at a member's request. Or, the member can call Member Services at 800-587-5187 to request the change. **This form should only be used to submit changes for UnitedHealthcare Community Plan Medicaid members.**

Date: _____

Care Provider Name: _____ Individual Filling Out Form: _____

Care Provider Address: _____

City: _____ State: _____ ZIP Code: _____

Care Provider Phone #: _____ Care Provider Fax #: _____

The following information must be completed by the member's parent or head of household.

Member Name/Head of Household Name: _____

Member ID #: _____ Phone #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Member/Head of Household Signature: _____ Date: _____

Member ID #	Member Name	Date of Birth	New PCP Name	Today's Date

Doc#: PCA-1-005196-02142017_04052017

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