



Instructions for Completing the PCP Change Request Form

We're always looking for ways to help simplify access to health care. That's why we want to make it easier for our UnitedHealthcare Community Plan members to change their primary care provider (PCP).

If your office notices the PCP listed on a member's ID card is no longer in your office, or if the member asks for help changing their PCP, you can:

- Give them a copy of the UnitedHealthcare Community Plan PCP Change Request Form.
- Let them know they can also call Member Services at the number on the back of their ID card to ask to change their PCP.

UnitedHealthcare Community Plan members can change their PCP at any time, for any reason. If your office notices the care provider listed on a member's ID card is no longer in your office, or if the member asks about changing their PCP, you can help them complete the PCP Change Request Form. Please follow these steps to help make sure we can process the member's request:

- Check the member's ID card to confirm they're enrolled in a UnitedHealthcare Community Plan. If you don't know what type of plan the member is enrolled in, call Member Services at the number on the back of the member's ID card.
- Go to myuhc.com to make sure that the PCP the member chose is accepting new patients. Also confirm that the PCP is part of the UnitedHealthcare Community Plan network.
- You can help the member fill out the form. The form must be signed by the member, legible and completely filled out to be processed.
- Use one form per person, even if they're family members.
- Fax the completed form to **844-386-9286**.

Requests will generally be processed within one to two business days after the form is faxed. If the change can be processed, it'll be effective on the first day of the following month. The member will also receive a new ID card. If the change can't be processed, we'll call your office to let you know. If this happens, be sure to call the member and tell them why the change couldn't be processed.

Questions? We're here to help.

If you have questions, please call Member Services at **800-348-4058**. For Arizona Long-Term Care members, please call 800-293-3740. Thank you.



PCP Change Request Form

Fax to 844-386-9286

To change a member's UnitedHealthcare Community Plan primary care provider (PCP) to a different UnitedHealthcare Community Plan PCP, please complete and fax this form. Thank you.

Member Information			
Member ID Number:		Member Name:	
Address	Street:		ZIP:
	City:	State:	
Phone Number:			
Print Name of Parent or Guardian:			Date:
Signature of Member, Parent or Guardian:			Date:

(Required for approval of PCP changes)

Other Insurance Carrier Information		
Name:	Policy #:	Group #:

Office Staff Information	
Current PCP:	
Name of Staff Person Requesting Change:	Requested Effective Date of Change:
Phone Number of Staff Person Requesting Change:	

New PCP Assignment	
Name of PCP:	
PCP Tax ID:	PCP NPI:
PCP Phone #:	PCP Fax #:
PCP Address Including City and State:	
Signature of PCP or Representative:	

UnitedHealthcare Community Plan Use Only	
Completed By:	Date:
The entire form must be completed and signed by a UnitedHealthcare Community Plan member, parent or guardian. UnitedHealthcare Community Plan will not process incomplete forms. To verify eligibility, sign in to UHCprovider.com , then select the eligibilityLink tile on your Link dashboard.	