

Minnesota Restricted Recipient Program Patient referral request form

The Minnesota Department of Human Services developed the **Restricted Recipient Program (RRP)** to help improve the safety and quality of care for patients who may be misusing or abusing Minnesota Health Care Program services. To refer a UnitedHealthcare Community Plan member to RRP, please complete the form below and return it to us for review.

Patient information

First name:	Middle initial:	Last name:
Medicaid ID number:	Date of birth:	
Street address:		
City:	State:	ZIP:
Phone:		

Provider information

Provider name:		
Practice name:		
Street address:		
City:	State:	ZIP:
Phone:	Fax:	

Describe the reason for referring the member to RRP:

Please attach any supporting documents, such as medical records and prescription history.

Fax or email the completed form and any materials to UnitedHealthcare Restricted Recipient Program at **855-369-7560** or mn_rrp@uhc.com. We'll contact you if we need additional information. Thank you.