



Primary Care Provider Change Request form

If a UnitedHealthcare Community Plan member wants to change their primary care provider (PCP), complete this form and fax it to 844-386-9287. You must complete all fields – we won't process incomplete forms.

Member information

Member name _____ Member birth date _____

Member phone number _____ Member ID # _____

Member address _____

City _____ State _____ ZIP code _____

Signature of member or authorized/responsible party _____ Date _____

(We won't process forms submitted without a signature.)

Print name of authorized/responsible party _____

We'll mail a new ID card to the address last reported to the Healthcare Authority (HCA). If you've recently moved, please call the HCA at 800-562-3022 or use 711. You can also update your address at wahealthplanfinder.org.

PCP information

Current PCP name: _____

Reason for change (please check one):

Member moved to new service area

PCP not accepting new patients

PCP retired

PCP left location

PCP not accepting existing patients

PCP deceased

Other (please explain) _____

New PCP information

FQHC/RHC? Yes No (If yes, PCP assignment will be made to the group, not individual practitioners.)

Name _____ NPI _____

Service address _____ Tax ID _____

City _____ State _____ ZIP code _____

Established patient (change will be effective on the first day of the current month)

New patient (change will be effective on the first day of the next month)

Office contact name/phone _____

Office contact signature _____ Date _____

If you have questions, call UnitedHealthcare Community Plan Member Services at 877-542-8997.

You can also write to P.O. Box 30754, Salt Lake City, UT 84130 or send a fax to 844-386-9287. Thank you.