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 the Member Services 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 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, please call the Member Service number on the back of the member's ID card.
- ☐ Go to **myuhc.com** to make sure 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 in order 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?
If you have questions, please call Member Services at 800-348-4058. For Arizona Long-Term Care for elderly, physically disabled members, please call 800-293-3740. Thank you.

PCP Change Request Form

Member Information	
Member ID Number	Member Name

Address	Street		
	City	State	ZIP

Phone Number	
Print Name of Parent or Guardian	Date
Signature of Member, Parent or Guardian (Required)	Date

Other Insurance Information		
Name	Policy Number	Group Number

PCP Information	
Current PCP	
New PCP Name	
New PCP's NPI	Tax ID:
Name of Person Requesting Change	PCP Change Effective Date

UnitedHealthcare Community Plan Use Only	
Completed By	Date

This form must be filled out legibly and completely and signed by the member or a parent/guardian in order to be processed. Use one form per person, even if they're family members.
Fax the completed form to **844-386-9286**.