

# CHANGE PCP Fax Request Form



Please complete the entire form and fax to: 1-866-888-1129

## MEMBER INFORMATION

Select Program  Washington Healthy Options  Washington Basic Health

Member Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Member Address \_\_\_\_\_

Member City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Member Phone Number \_\_\_\_\_

Signature of Member or Authorized/Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

**(Forms submitted without a signature will not be processed)**

Print Name of Authorized/Responsible Party \_\_\_\_\_

A new ID card will be mailed to the address last reported to the Healthcare Authority (HCA). If you have recently moved, please call your Community Services Office (CSO) at 1-877-501-2233 TTY 1-800-209-5446 or use 711

## CURRENT 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																		
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Service Address _____	Tax ID																		
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City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

<input type="checkbox"/> Established Patient (Change will be effective on the first of the current month)
<input type="checkbox"/> New Patient (Change will be effective on the first of the next month)

Office Contact Name/Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Office Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

Please contact UnitedHealthcare Community Plan Member Services with questions 1-877-542-8997

**NOTE: All fields must be completed, incomplete forms will not be processed**