



Attn: Member Services

Fax: 1-844-881-4857

## Primary Care Provider (PCP) Change Request Form

UnitedHealthcare Medicare Advantage plan members can change their PCP at any time and for any reason. You can help members change their PCP by returning this completed form to UnitedHealthcare, or they can call the toll-free number on their member ID card.

We will process the request within 5–7 business days and the change will be effective on the **first day of the next month**.

**Note:** This PCP change won't affect any referrals submitted by the member's former PCP.

### Before you send, make sure:

- To visit **uhcprovider.com** to check the member's current PCP and confirm a change is needed
- The form is filled out completely
- The form is signed by the member
- To use a separate form for each member

### Fax the completed form to:

UnitedHealthcare Member Services

Fax: 1-844-881-4857

### Member information

Full name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_

Date of birth \_\_\_\_\_ Member ID number \_\_\_\_\_

Reason for changing PCP \_\_\_\_\_

Do you need a new member ID card?     Yes     No

**Sign here** \_\_\_\_\_ **Date** \_\_\_\_\_

When I sign above, I am stating that I want to change my PCP to the provider listed on the next page. By filling out and faxing this form, I'm authorizing UnitedHealthcare to change my PCP.

## Provider information

Name of previous PCP \_\_\_\_\_

Name of new PCP \_\_\_\_\_

Practice name \_\_\_\_\_

NPI \_\_\_\_\_ TIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of staff completing this form with member \_\_\_\_\_

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文(Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。