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.

United Healthcare Community Plan | **Washington Apple Health**