



Partners for Kids Health Plan Participation/Capacity Update Form

Practice name: _____

Provider	Plan: CareSource		Plan: Molina		Plan: United Health Care Community		Plan: Buckeye		Plan: Paramount	
	Par Status	Current Capacity	Par Status	Current Capacity	Par Status	Current Capacity	Par Status	Current Capacity	Par Status	Current Capacity
Changes:										
Changes:										
Changes:										
Changes:										

My practice does not wish to participate with the following PFK contracted plans (remember this may disrupt some of your current patients' access to your practice):

<input type="checkbox"/> CareSource	<input type="checkbox"/> Molina Health Plan	<input type="checkbox"/> United Health Care Community Plan	<input type="checkbox"/> Buckeye Community Health Plan	<input type="checkbox"/> Paramount Advantage
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Practice Authorization: _____ Date: _____

Please forward updated Participation/Capacity forms to Provider Relations at: PFKProviderRel@NationwideChildrens.org or call 614-355-5503