

## Partners For Kids Health Plan Participation/Capacity Update Form

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

Provider	Medicaid Plan: CareSource		Medicaid Plan: Molina		Medicaid Plan: United Health Care Community		Medicaid Plan: Buckeye		Medicaid Plan: Paramount	
	Par Status	Current Capacity	Par Status	Current Capacity	Par Status	Current Capacity	Par Status	Current Capacity	Par Status	Current Capacity
<b>Changes:</b>										
<b>Changes:</b>										
<b>Changes:</b>										
<b>Changes:</b>										

My practice does not wish to participate with the following PFK contracted plans (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	<input type="checkbox"/> Health Ohio Network
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Practice Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Forward updated Participation/Capacity forms to Provider Relations at: [PFKProviderRel@NationwideChildrens.org](mailto:PFKProviderRel@NationwideChildrens.org) or call (614) 355-5503.