



9200 Worthington Road, 3<sup>rd</sup> Floor,  
Westerville, OH 43082

### Request to Change Member's PCP

This form must be filled out completely in order to make the requested change.  
Physicians or Office Staff: Please fax the completed form to UnitedHealthcare Community Plan of Ohio at 866-888-1129.

#### Provider Information

Practice Name: \_\_\_\_\_

Office Telephone #: \_\_\_\_\_

Primary Care Physician (PCP) Name: \_\_\_\_\_

Provider ID #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Office Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Member Section

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Medicaid ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

(A new ID card will be sent out to this address within seven to 10 business days.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your signature and date are necessary to complete PCP change.

UnitedHealthcare Community Plan of Ohio will process your request upon receipt. If further information is needed to complete the request, we will contact you.

If you have questions, please call Member Services at **800-895-2017**, Monday-Friday, 7 a.m. to 7 p.m.  
Thank you.