



**All MCP Primary Care Provider (PCP) Selection/Change Form**

Please complete this form if the Primary Care Provider (PCP) on your Healthcare ID card is incorrect.  
Please fax completed form to the MCP # listed below.

**New Provider Information** (please print)

<b>PCP Name</b>	_____	<b>Clinic</b>	_____
<b>PCP NPI</b>	_____	<b>Tax ID</b>	_____
<b>PCP Address</b>	_____	<b>City</b>	_____
<b>State</b>	_____	<b>Zip Code</b>	_____
<b>PCP Phone #</b>	_____	<b>PCP Fax #</b>	_____
<b>Effective. Date</b>	_____ / _____ / _____		

**Have you seen this provider in the last year?**  Yes  No (Please check one)

**Change Reason** (Please check one)  No reason – I just want different doctor on my card  More convenient location/hours  Referral by family/friend  I am an existing patient with this doctor  Dissatisfaction  I requested this PCP when I was enrolled, but was assigned a different doctor

**Member Information** (please print)

<b>Full Name</b>	_____		
<b>Date of Birth</b>	_____ / _____ / _____	<b>Phone #</b>	( _____ ) _____ - _____
<b>Age</b>	_____	<b>Medicaid ID #</b>	_____
<b>Member ID #</b>	_____	<b>Phone #</b>	_____
<b>Address</b>	_____	<b>City</b>	_____
<b>State</b>	_____	<b>Zip Code</b>	_____

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

\_\_\_\_\_  
**Signature of Member or Member's Guardian**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Provider (Staff) Signature**

\_\_\_\_\_  
**Today's Date**

**Managed Medicaid Care Plan (MCP) Information**

- CareSource; Fax Number: (937) 226-6916
- Buckeye Health Plan; Fax Number: (866) 719-5435
- Molina Healthcare; Fax Number: (888) 295-4761
- Paramount Advantage; Fax Number: (419) 887-2047
- UnitedHealthcare Community Plan; Fax Number: (866) 888-1129