

# Michigan change request PCP form

This form should be used to request a change to a UnitedHealthcare Community Plan of Michigan member's primary care provider (PCP). Please fax the completed form to us at 844-386-9287.

The entire form must be completed and signed by the UnitedHealthcare Community Plan member, parent or guardian. Failure to provide all requested information below will result in this request not being processed. If you have questions, please call us at **800-903-5253**.

Date submitted: \_\_\_\_\_

## Member information

Product (select both if dually enrolled):

Medicaid/CSHCS/Healthy Michigan Plan  D-SNP

Full name	Date of birth
Address	State-assigned ID number
City, state, ZIP code (for Michigan use only)	Phone
Signature of member, parent or guardian	Date

## New PCP information

Effective date of PCP change*	Name of PCP
Address	NPI
City, state, ZIP code	TIN
Phone number	Fax number
Name of staff member processing request	Date
Physician or representative's signature	

\*This form must be faxed to UnitedHealthcare on or prior to the date of service.

For members who have moved, please update the addresses with Michigan Enrollees by calling **888-367-6557** or **800-975-7630**, TTY **711**.

You can check member eligibility using the Eligibility and Benefits tool on the UnitedHealthcare Provider Portal. Go to **UHCprovider.com** and click on Sign In in the top-right corner. Then select Eligibility and Benefits on the Provider Portal dashboard.