Member PCP Change Request Form

Please fax to Member's Health Plan

Select one health plan below. Use a separate form for more than one health plan being selected.

☐ nebraska total care — Fax 1-844-305-8372

☐ UnitedHealthcare Community Plan — Fax 1-888-999-0649

☐ WellCare Health Plans — Fax 1-813-675-2938

MEMBER #1 INFORMATION					
First Name		Last Name		Middle Initial	
Mailing Address			Phone #		
City		State		Zip	
Date of Birth		Member ID #			
PCP Name		PCP ID # (Optional)			
PCP Address		PCP Phone #			
PCP City		PCP State		PCP Zip	
Reason for PCP Change: ☐ Other:		☐ Already patient with PCP ☐ Provider Left Network		☐ Network Access ☐ Quality of Care Concerns	

Additional PCP change requests can be made below to a maximum of 3 requests per form for one plan.

☐ Address for below member is same as above:

MEMBER #2 INFORMATION					
First Name		Last Name		Middle Initial	
Mailing Address			Phone #		
City		State		Zip	
Date of Birth		Member ID #			
PCP Name		PCP ID # (Optional)			
PCP Address		PCP Phone #			
PCP City		PCP State		PCP Zip	
Reason for PCP Change: ☐ Other:		☐ Already patient with PCP ☐ Provider Left Network		☐ Network Access ☐ Quality of Care Concerns	

☐ Address for below member is same as above:

MEMBER #3 INFORMATION					
First Name		Last Name		Middle Initial	
Mailing Address			Phone #		
City		State		Zip	
Date of Birth		Member ID #			
PCP Name		PCP ID # (Optional)			
PCP Address		PCP Phone #			
PCP City		PCP State		PCP Zip	
Reason for PCP Change: ☐ Other:		☐ Already patient with PCP ☐ Provider Left Network		☐ Network Access ☐ Quality of Care Concerns	

Member agrees and willingly selects new PCP:

Print Name of Member or Responsible Party: _____

Signature of Member or Responsible Party: _____ Date: _____

Provider Staff Assisting Member: _____ Provider Staff Phone: _____

CONFIDENTIALITY NOTICE: The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.

Form Revised: 02/06/2018