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

Please complete this form to update the Primary Care Provider (PCP) Selection/Change Form for an OH Medicaid MCO member. Please fax/email completed form to the MCO listed below.

**New Provider Information** (Please print)

PCP Name ______________________ Clinic ______________________

PCP NPI ______________________ Tax ID ______________________

PCP Address ______________________ City ______________________

State ______________________ ZIP Code ______________________

PCP Phone # ______________________ PCP Fax # ______________________

Effective Date ______ / ______ / ______

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

**Change Reason** (Please check one)

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

**Member Information** (Please print)

Full name ______________________________________________

Dat of Birth ______ / ______ / ______ Phone # ______________________

Age ______________________ Medicaid ID # ______________________

Member ID # ______________________ Phone # ______________________

Address ______________________ City ______________________

State ______________________ ZIP Code ______________________

(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

## OH Medicaid Managed Care Organization (MCO) Information

- AmeriHealth Caritas Ohio; Fax Number: **(833) 641-3290**
- Anthem Blue Cross & Blue Shield; Fax Number: **(866) 840-4993**
- CareSource; Fax Number: **(937) 226-6916**
- Buckeye Health Plan; Fax Number: **(866) 719-5435**
- Molina Healthcare; Fax Number: **(844) 834-2155**
- Humana Healthy Horizons in Ohio; Email: **OHMedicaidProviderRelations@Humana.com**
- UnitedHealthcare Community Plan; Fax Number: **(844) 386-9286**