



Request for a change of primary care provider (PCP) with Missouri Medicaid Managed Care

Member name:			
Member date of birth:		Member identification # (Health Plan ID or DCN):	
Member address (number, street):	City:	State:	ZIP code:
Member phone number(s):		Member phone number(s):	
Member e-mail address:		Guardian or Parent (if applicable):	

Reason for change (check one):

- | | |
|---------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Unhappy with PCP | <input type="checkbox"/> PCP is deceased |
| <input type="checkbox"/> Quality of Care | <input type="checkbox"/> PCP office/hours inconvenient |
| <input type="checkbox"/> Appointment Availability | <input type="checkbox"/> Member/PCP moved out of service area |
| <input type="checkbox"/> Patient is already established | <input type="checkbox"/> Other (please explain) _____ |
| <input type="checkbox"/> PCP retired | _____ |
| <input type="checkbox"/> PCP left location | _____ |

New PCP name:		New PCP NPI:	
New PCP address (number, street):	City:	State:	ZIP code:
Fax number:	Phone number:	Effective Date of Change:	
Member or parent/guardian signature:			Date:

Please fax this completed form to the member's health plan:

Healthy Blue: **833-391-8652**

Home State: **866-390-4429**

United HealthCare: **844-386-9286**

Note: Effective date of change, member signature and signature date required.