

Michigan PCP Change Request 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): <input type="checkbox"/> Medicaid/CSHCS/Healthy Michigan Plan <input type="checkbox"/> DSNP	
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 address with Michigan Enrolls by calling 888-367-6557 or 800-975-7630, TTY 771.

You can check member eligibility using the eligibilityLink tool on Link. Sign in to Link by going to UHCprovider.com and clicking on the Link button in the top right corner and select the eligibilityLink tile your Link dashboard.