



All OH Medicaid MCO 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):

1. No reason – I just want a different doctor on my card.
2. More convenient location and/or hours; referral by family/friend; I am an existing patient with this doctor.
3. Dissatisfaction.
4. I requested this PCP when I was enrolled but was assigned to a different doctor.

Member information (please print)

Full name	_____		
Date 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 10 business days.)

Signature of member or member's guardian

Today's date

Provider (staff) signature

Today's date

Managed Medicaid Care Plan (MCP) information

- OH Medicaid Managed Care Organization (MCO) Information
- AmeriHealth Caritas Ohio; Fax Number: **(833) 641-3290**
- Anthem Blue Cross and 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**