



# 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)
- |  |  |
|--|--|
| <input type="checkbox"/> More convenient location/hours  | <input type="checkbox"/> No reason – I just want different doctor on my card |
| <input type="checkbox"/> I am an existing patient with this doctor                                     | <input type="checkbox"/> Referral by family/friend                           |
| <input type="checkbox"/> I requested this PCP when I was enrolled, but was assigned a different doctor | <input type="checkbox"/> Dissatisfaction                                     |

## 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 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](mailto:OHMedicaidProviderRelations@Humana.com)
- UnitedHealthcare Community Plan; Fax Number: (844) 386-9286