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)

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