All OH Medicaid MCO Primary Care Provider (PCP) Selection/Change Form

buckeye health plan. CareSource

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.

Humana

MOLINA UnitedHealthcare

New Provider Information (please print)

AmeriHealth Caritas Anthem

Ohio

PCP Name			Clinic				
PCP NPI			Tax ID				
PCP Address			City				
State			Zip Code				
PCP Phone #			PCP Fax #				
Effective. Date	/	/					
Have you seen t	his provider i	n the last yea	ur? Yes No (F	Pleas	e checl	k one)	
Change Reason (F No reason – I j More convenie I am an existin I requested this Member Infor Full Name	ust want different nt location/hou g patient with t s PCP when I v	ent doctor on r Irs Refer his doctor was enrolled, l	ny card ral by family/frien Dissatisfaction out was assigned		ferent c	loctor	
Date of Birth	/	1	Phone #	()	-	
Age			 Medicaid ID #				
Member ID #			Phone #				
Address			City				
State			Zip Code				
(A	new ID card will b	e sent out to this	address within seven	to ter	n busines	s days.)	

Today's Date

Signature of Member or Member's Guardian Today's Date

Provider (Staff) Signature

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