

## OptumCare® Primary Care Physician (PCP) Change Request

### INSTRUCTIONS

- Please complete the form below electronically. Fields with an asterisk (\*) are required.
- When the form is complete, print it and have the Patient sign it.
- You may FAX or mail the printed copy to OptumCare Network, or scan the signed form and e mail it to OptumCare Network.

**All change requests are subject to verification and physician availability. Change requests may take up to 30 days to become effective.**

You have several options for submitting requests to change your Primary Care Physician to OptumCare Network.

- If you have your own secure email system, please submit the form to: **Providerservices.ut@optum.com**
- If you do not have a secure email in place, please fax to **1-855-237-3955** or contact our service center at **1-877-370-2845**. We will ask for your email address and will send a secure email for the form to be sent to our office.
- Or mail the completed form to: **OptumCare Network**  
**Attn: Provider Services**  
**2525 Lake Park Boulevard**  
**West Valley City, UT 84120**
- Please attach a copy of the member's card if possible.

<b>Patient Information</b>	
*Patient Name:	*Member ID:
*Date of Birth (MM/DD/YYYY):	Patient Phone Number, ex. (612) 555-1212:

<b>Physician Information</b>
Current Primary Care Physician Name:
*New Primary Care Physician Name:
*New Primary Care Physician TIN:
*Effective Date of New Primary Care Physician (MM/DD/YYYY):
Reason for Change:

<b>Staff Information</b>	
Staff Name:	Date (MM/DD/YYYY):

*Member's Signature:	Date (MM/DD/YYYY):
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