



Primary Care Clinic / Care Coordination Change Request Form

UCare Connect, UCare Connect + Medicare, UCare MSHO/MSC+: Fax to 612- 884-2228 or email pccformsmedicaid@ucare.org

UCare Medicare and Essentia Care members: Fax to 612-884-2274 or email to clinicchanges@ucare.org

Program: _____

Person Requesting Change: _____

Date: _____

Phone: _____

Fax: _____

I have spoken to the member and confirmed the new PCC/Care Coordination information to be accurate.

- o Ensure the PCC is in UCare's provider network, if not, the current CC should work with the member to establish care at an in-network provider, prior to completing a PCC change form.

Member Name: _____

UCare Member #: _____ Date of Birth: _____

Current PCC/Care Coordination Information		New PCC/Care Coordination Information	
Current Primary Clinic		New Primary Care Clinic	
Current Care Coordination Entity		New Care Coordination Entity (if applicable)	
(If member is in nursing home) Facility Name		New Primary Care Physician (if known)	
Address		Address	
City		City	
State	Zip	State	Zip

Comments:

Effective Date of Change:

If requesting a retro effective date: The change will be effective the 1st of the current month if received on or before the 12th of the month, if it is the member's 1st month of enrollment or 1st month of a UCare plan change. If the member is not new to UCare or the UCare plan, the effective date will be the 1st of the following month.