



Minnesota Health Care Programs Minnesota Restricted Recipient Program (MRRP) Authorization for PCP Partners in Clinic

The primary care provider may authorize PCP partners (Internal Medicine, Family/General Practice, and Pediatric) at their clinic. Authorization is needed for claims payment and prescriptions. **This form must be received within 90 days of the date of service.** The PCP is allowed to authorize a maximum of 20 PCP partners. If more space is needed, please add the required information for each provider to a separate page.

Date:	Recipient Name:	DOB:	UCare ID #:
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Section I: Primary Physician

Primary Physician:	NPI #:		
Clinic Street Address:		Phone Number:	
City:	State:	Zip Code:	

Section II: Referral Information

Provider Name (First & Last)	NPI #

Start Date:	End Date:		
PCP Signature:	Print PCP Name:	Date:	

For questions, please leave a detailed message on the UCare Restricted Recipient voicemail at **612-676-3397**. The Care Coordinator will return your call as soon as possible.

Fax this information to the UCare Restricted Recipient fax at **612-884-2316** as soon as possible.