



Minnesota Restricted Recipient Program (MRRP) Prescribing Privileges for PCP Partners in Clinic

Primary care providers (PCP) may authorize some or all providers in their clinic to see and prescribe controlled medications for restricted recipients if the PCP is not available. By completing this form, you are giving permission for some or all of your partners to prescribe in your absence

Section I: Primary Physician

Date:	Recipient Name:	DOB:	PMI Number:
Primary Physician:		Provider ID Number	
Street Address:		Phone Number:	
City:	State:	Zip Code:	

Section II: Referral Information

<input type="checkbox"/> Yes, any of the providers (Internal Medicine, Family/General Practice, and Pediatric) in this clinic may see and prescribe medications if I am not available.		
<input type="checkbox"/> No, only the providers listed below are allowed to see and prescribe medications if I am not available.		
Provider Name (First & Last Name):	NPI#:	
Start Date:	End Date	
PCP Signature:	Print PCP Name:	Date:

If more space is needed, please add the required information for each provider to a separate page and return with this document.

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

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