



# Primary Care Clinic / Care Coordination Change Request Form

For UCare I-SNP members.

Fax to 612-676-6595 or Email to: ISNPprogramcoordinator@ucare.org

Program: I-SNP

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