

You can get this letter in another language, format, large print, or interpretation services at no cost to you. Call 541-229-4842 (TTY 711).

Primary Care Physician Change Request Form

To Physician: With the patient's consent, please fill out the entire form, ask your patient or their representative to sign it, and send it to UHA. We will not process incomplete or unsigned forms. Incomplete forms will be returned (if possible). Assignment requests must be for PCPs in UHA's network. Please use this form for External PCP changes only (from one office to another). If you would like to make an Internal PCP change (to another provider within the same office), please contact UHA Customer Care at 541-229-4842.

Important

- Any prior approvals may no longer be valid with the new PCP.
- If the member goes into the hospital before the change takes effect, the member will remain with the existing PCP until the episode of care is complete.
- If a mother requests a PCP assignment for her newborn, we will process the request or change after the baby has an Oregon Health ID card.
- Changes will take effect on the date the member signs this form.

Option for member to self-select PCP by phone

You also can change to a different PCP by calling Umpqua Health Alliance Member Services at 541-229-4842. We are open Monday – Friday 8:00 am – 5:00 pm.

Option for member to select PCP in physician's office

Please fill out all sections highlighted in BLUE

Patient name: _____ Date of birth: _____

UHA member ID: _____ Phone number: _____

Mailing Address: _____

Signature: _____ Date: _____

Member or authorized representative

Current PCP (if any)

PCP Name: _____ Group/location: _____

Reason for change from assigned PCP – Choose all that apply. **Select** at least one.

- | | |
|--|--|
| <input type="checkbox"/> Already patient with requested PCP | <input type="checkbox"/> Quality of care |
| <input type="checkbox"/> Availability to get appointment, access to care | <input type="checkbox"/> Language / Communication barriers / Cultural Considerations |
| <input type="checkbox"/> ADA Accessibility | <input type="checkbox"/> Provider Location |
| <input type="checkbox"/> Member preference | |

This section is for Providers Office only
To be used for external PCP changes**New PCP**

Requesting PCP Name: _____

NPI: _____ Tax ID: _____

Address: _____

Preparer name: _____ Phone number: _____

Preparer signature: _____ Date: _____

Submit the form

Please submit this completed form at the end of each business day to UHA by fax at 541-677-6038, or by mail to Umpqua Health Alliance 500 SE Cass St, Suite 101, Roseburg OR 97470.