



## Primary Care Clinic Change Request Fax Form

Please fax this form to UCare Customer Services: 612-676-6501 or 1-866-457-7145 (toll free).  
If you're a provider and have questions about this form, please call the UCare Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free).

Date: \_\_\_\_\_

Person requesting change: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**UCare member name:** \_\_\_\_\_

**UCare member #:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Member signature:** \_\_\_\_\_

**Date signed:** \_\_\_\_\_

Current Primary Care Clinic	New Primary Care Clinic
Name:	Name:
UCare Clinic ID:*	UCare Clinic ID:*
Address:	Address:
City:	City:
State:                      ZIP:	State:                      ZIP:

**Comments:**

**Note:** UCare members who are in the Restricted Recipient Program cannot have their PCC changed without UCare approval.

*\*The six-digit UCare Clinic ID can be found in the UCare Primary Care Network Listing (PCNL) on [www.ucare.org](http://www.ucare.org). Click on "Health Programs" in the top menu and select the health plan of the member you are assisting. A link to that program's PCNL is posted in the box that references primary care providers on the right side of the page.*

**Attention. If you want free help translating this information, call UCare at 612-676-3200 or toll free at 1-800-203-7225.**

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ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງໂທຕາມເລກໂທທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

135-0009 (1-08)

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**This information is available in other forms to people with disabilities by calling: 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY) or toll free at 1-800-688-2534 (TTY); or through the Minnesota Relay at 711 or toll free direct access at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech relay service).**

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**American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.**

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