

**PCP Change Action Form - Fax Number: (405) 530-7123**  
**For Use by Indian Health Service, Tribal, and Urban Facilities Only**

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

PCP changes should be initiated by the member utilizing the SoonerCare Helpline (800-987-7767). When calling into the SoonerCare Helpline, please note the following:

- Requests to change to an I/T/U PCP between the 1<sup>st</sup> and the 15<sup>th</sup> of the month will have a change date the first of the following month.
- Requests to change to an I/T/U PCP between the 16<sup>th</sup> and the end of the month will have a 45 day wait for the change to take effect.
- This form should only be used in the case of an urgent PCP change when the member needs their PCP assignment expedited for an urgent referral.

Please make sure your provider name and provider location code is correct. All items marked with a \* are required fields. Fax this form when completed to (405) 530-7123. **Incomplete or illegible action forms will not be processed. Please allow up to 10 business days for processing.**

1. The member, member's parent or legal guardian, or authorized representative must sign and date the form. Forms faxed in with a signature over 30 days old will not be processed.
2. Only a provider's office can fax this form. Use another form for more than five (5) members requesting a PCP change.

*Name of member(s) requesting PCP change	*Member(s) SoonerCare ID number	*Mbr. DOB (required) mm/dd/year	*Member(s) Social Security Number	*New PCP Name (As shown on your contract)	*Provider Location Code (Provider # plus alpha letter)

**\*Reason For Urgency**

\*Member Address

\*Apt #

\*City, State, Zip

\*Phone Number

\*Member Signature / Authorized Representative

\*Date

Provider's Email Address

*(for follow-up communication only)*

**For OHCA Use Only:**

Reason Not Processed: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Completed by: \_\_\_\_\_