

Health care professional request form for member disenrollment



Primary health care professional assignment

Instructions: Please complete this form and fax to 317-510-7459 or email securely to IN_HPOps@uhc.com.

A primary health care professional may request disenrollment of a member from the primary care assignment if the member demonstrates one of the reasons for request detailed in the form.

Care must be provided to the member for up to 30 calendar days following the disenrollment request submission to UnitedHealthcare, or until the change request process is completed. Your request will be reviewed and, if approved, will be completed within 10 business days.

Health care professional information		
Date of request	National provider identifier	Tax identification number
Full name of health care professional		Full name of requestor
Requestor phone number		Requestor email address
Health care professional location (address)		
Member information		
Full name of member		Date of birth
Medicaid ID number	Phone number	
Address		
Request reason		
	Missed appointments (Attach a list of appointment dates missed and copy of member missed appointments policy as it applies to all patients.)	
	Medical needs better met by another health care professional (Attach details regarding member's condition and explanation of the reason for the decision, including referral details, if applicable.)	
	Member previously terminated from practice (Attach evidence of the original disenrollment request for this member.)	
	Member fraud (Attach details regarding circumstances leading to this suspicion or conclusion. Drug-seeking behavior is considered member fraud.)	
	Physician/patient relationship incompatibility (Include details showing that the incompatibility is mutual.)	
	Threatening, abusive or hostile behavior (Include details of behavior displayed including date(s) of the incident(s).)	
	Member accessing care elsewhere (Include documentation supporting this conclusion. Abuse of emergency room is not a valid reason for disenrollment.)	
	Check this box if member has been notified of the request for disenrollment (Include copy of the member notification letter with this request.)	