Primary health care professional panel add request form

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

Member notification
I understand that my primary health care professional may belong to more than 1 health plan. I may select a health plan that does business with my preferred primary health care professional. I may call the UnitedHealthcare Hoosier Care Program at **800-832-4643** to discuss available options. I don't have to sign this form before I understand my options.
❏ I confirm that I am the member and have read the statement above.

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)		
Physician group number	Location code	

Reason for panel add request
❏ I have an established relationship with the family member of a patient who has been treated in this office within the past 2 years.
❏ This is a patient who I would like added to my current panel.
Signature of requesting health care professional

Member information		
Full name of member		Date of birth
Medicaid ID number	Phone number	
Address		
Member signature		Date signed

Internal use only		
❏ Approved ❏ Denied		
Date received	Decision	Return code/reason

United Healthcare