



You can have this in large print, another language, or any way that works for you. You can have a language interpreter if you need one. Please call us at 541-229-4UHA (541-229-4842).

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. Assignment requests must be for PCPs in UHA’s network.

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.
- Most changes will take effect the date UHA receives 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



UMPQUA HEALTH ALLIANCE

Current PCP (if any)

PCP Name: _____ Group/location: _____

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

- New member - first-time selection
- Member moved
- Already patient with requested PCP
- PCP hours didn't fit member need
- ADA Accessibility
- Established relationship w/another
- Availability to get appointment, access to care
- Quality of care
- Member preference
- Provider request to disenroll member
- Wait time in provider office
- Provider left network
- Requested PCP already sees family member
- Provider Location
- Language / Communication barriers / Cultural Considerations
- Other: _____

This section is for Providers Office only

New PCP

Requesting PCP Name: _____

NPI: _____ Tax ID: _____

Address: _____

Preparer name: _____ Phone number: _____

Preparer signature: _____ Date: _____

Submit the form

Please submit the completed form to UHA by fax at 541-677-6038, or by mail to Umpqua Health Alliance 1813 W. Harvard Avenue, Suite 110, Roseburg OR 97471.