Member Dental PCD Change Request Form

One household per form. Please fax to Member's Health Plan

☐ nebraska total care
Fax 844-305-8372

☐ UnitedHealthcare Community Plan
Fax 888-999-0649

☐ MOLINA HEALTHCARE
Fax 833-558-0329

MEMBER #1 INFORMATION		
First Name	Last Name	Middle Initial
Mailing Address		Phone #
City	State	Zip
Date of Birth	Member ID	
PCD Name		PCD ID (Optional)
PCD Address		PCD Phone #
PCD City	PCD State	PCD Zip
Reason for PCD Change: Other	Already patient with PCD ☐ Provider left network ☐	Network access ☐ Quality of care concerns ☐

Additional PCD change requests can be made below to a maximum of 3 requests per form for one plan.

Address for below member is same as above:

MEMBER #2 INFORMATION		
First Name	Last Name	Middle Initial
Mailing Address		Phone #
City	State	Zip
Date of Birth	Member ID	
PCD Name		PCD ID (Optional)
PCD Address		PCD Phone #
PCD City	PCD State	PCD Zip
Reason for PCD Change: Other	Already patient with PCD ☐ Provider left network ☐	Network access ☐ Quality of care concerns ☐

Address for below member is same as above:

MEMBER #3 INFORMATION		
First Name	Last Name	Middle Initial
Mailing Address		Phone #
City	State	Zip
Date of Birth	Member ID	
PCD Name		PCD ID (Optional)
PCD Address		PCD Phone #
PCD City	PCD State	PCD Zip
Reason for PCD Change: Other	Already patient with PCD ☐ Provider left network ☐	Network access ☐ Quality of care concerns ☐

Member agrees and willingly selects new PCD:

Print Name of Member or Responsible Party:_____

Signature of Member or Responsible Party:_____ Date:_____

Participating Provider Staff Assisting Member:_____ Participating Provider Staff Phone:_____

CONFIDENTIALITY NOTICE: The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.

Form Revised: 03/01/2024