

All fields must be completed

1269

<b>My doctor - Patient choice form</b>	
<b>My medical home is</b>	
<b>Patient name</b>	
<b>Patient signature</b>	
<b>Signature date</b>	
<b>Date of birth</b>	
<b>Parent/Guardian name. If non-applicable mark NA</b>	
<b>Parent/Guardian signature. If non-applicable mark NA</b>	
<b>Patient phone #</b>	
<b>Phone accepts texts?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Patient email address</b>	
<b>UnitedHealthcare or Medicaid ID</b>	
<b>My doctor's name</b>	
<b>Provider's NPI</b>	
<b>Provider's TIN</b>	
<b>UHC Provider ID</b>	
<b>UHC Practice ID</b>	
<b>Provider/Office manager signature</b>	

### The importance of a medical home

Having a medical home with a primary care provider is an important step in helping you get healthy, stay healthy, and get the care you need when you are sick. Signing this form shows that you want our practice as your medical home.

### As your primary care provider and medical home, we can:

- Know you, care for you, and keep your medical records together
- Help you maintain overall health by providing preventive care, which can detect health problems early
- Help you get care from specialists when you need it
- Treat you as a whole person instead of focusing on a particular illness or injury
- Help you achieve the health goals you set for yourself
- Help you control ongoing health conditions, like diabetes
- Help you navigate the health care system, which can be complicated and confusing

### In return, we ask that you:

- See us at least once a year for a wellness exam
- Let us know when you are ill or need medical care
- Keep scheduled appointments or let us know in advance you need to reschedule
- Let us know how we can improve

### I receive my primary health care from the following practice:

<b>Practice Name</b>	
<b>Address</b>	
<b>Telephone #</b>	

Signing this form is voluntary. A copy of this consent will be maintained by the practice and United Healthcare. For questions about this form, contact UnitedHealthcare. The following Provider Services phone numbers are based on the specific plan:

UnitedHealthcare Individual Exchange Plans  
**888-478-4760**

UnitedHealthcare Medicare Advantage  
**877-842-3210**

UnitedHealthcare D-SNP  
**800-701-9054**

UnitedHealthcare Community Plans  
**877-668-5947**

To send to UnitedHealthcare, the primary care practice can email form to [Patient\\_Choice\\_Forms@uhc.com](mailto:Patient_Choice_Forms@uhc.com).