

PCA CHANGE OF VENDOR REQUEST

HealthPartners UM Department
Phone Number: 952-883-6333
Fax Number: 952-853-8712

Please note: HealthPartners has up to 14 days from the day we receive this form to process your request. Please wait until you receive an authorization from HealthPartners before you begin services. Incomplete forms will not be processed.

NAME: _____ DOB: _____

Current address: _____ Phone: _____

HealthPartners ID # _____

Previous health plan: _____ ID#: _____

Current PCA vendor: _____

Diagnosis for PCA services: _____ ICD-10 code: _____

Current PCA amount: _____ units/day. Authorization period _____

*Current PCA vendor notified of this request on (date/time) _____

via phone fax by _____

REQUESTING TO TRANSFER TO:

New PCA vendor: _____ Tax ID # _____

Address: _____

Phone: _____ Fax: _____

RN Supervisor: _____ Phone: _____

Reason for requesting change to new vendor: _____

Requested Start Date: _____

My signature below indicates that I have made a decision to switch to the new PCA vendor. I was informed of the process and I am providing all accurate information.

SIGNATURE of member: _____ Print full name _____

**Signature of WITNESS: (if needed) _____ Relationship: _____

Print full name of witness _____ Date: _____

***New PCA vendor MUST notify the current PCA vendor of this change.**

****Required for members who sign as "X" or unable to sign due to illness.**

- If a member is re-enrolling with HealthPartners and has a current authorization, the vendor MUST fax the most current Service Agreement for the period of time when the member was not active with HealthPartners.