



Request Form to Change Your Managed Care Program or Health Plan

Directions: Please complete this form and mail it to your current health plan or the Connect Care Choice Program. See other side for the address.

1. Head of Household/Individual information:

Name	Last	First	Initial	Social Security number
Address	Street	Apartment Number		Phone
City/Town		State		Zip Code

2. Other members in your household:

Name	Last	First	Initial	Social Security number

3. Check which managed care program or health plan you or your family currently have.

<input type="checkbox"/> Connect Care Choice	<input checked="" type="checkbox"/> Neighborhood Health Plan of RI	<input type="checkbox"/> UnitedHealthcare of New England
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4. Please tell us why you want to disenroll from your current managed care program or health plan?

Current pediatricians will no longer participate in Neighborhood Health Plan in 2017

5. Is this request to change managed care program or health plan urgent (For example, an urgent medical situation or unusual circumstance that requires a quick response.)? Yes No

If YES, please explain: _____

see other side →

6. Have you been in your managed care program or health plan for less than 90 days?
 Yes No Don't know

7. **MANAGED CARE PROGRAM** or **HEALTH PLAN SELECTION**- check the managed care Program or health plan you (or your family) would like:

- Connect Care Choice
(Option only for Rhody Health Partners Members)
 - Anchor Medical Associates
 - Aquidneck Medical Associates
 - Blackstone Valley Community Health Care
 - Coastal Medical Inc.
 - Cranston Comprehensive Community Action Program (CCAP)
 - East Bay Community Action Program
 - Hillside Family Medicine
 - The Immunology Clinic at Miriam Hospital
 - Memorial Hospital
Center for Primary Care and Prevention
 - The Miriam Hospital Primary Care Clinic
 - Providence Community Health Centers
 - Central Health Center
 - Capitol Hill Health Center
 - Allen Berry Health Center
 - Fox Point Health Center
 - Chafee Health Center
 - Olneyville Health Center
 - Rhode Island Hospital Ambulatory Clinic
 - Thundermist Health Center
 - TriTown Community Action Program (CAP)
 - St. Joseph's Ambulatory Clinic
 - University Medical Group
 - Roger Williams Ambulatory Clinic
 - University Medicine Foundation
- Neighborhood Health Plan of RI United Healthcare of New England

If you are enrolled in the Communities of Care or the Pharmacy Home programs, you will continue to be enrolled in that program(s) even if you change your Managed Care Program or Health Plan. By choosing a new Managed Care Program or Health Plan, you are authorizing your current Managed Care Program or Health Plan to release necessary medical information to your new Managed Care Program or Health Plan. This will help your new Managed Care Program or Health Plan provide you with the best care possible.

Please Sign below:

Head of Household/Individual Signature

Date

RETURN THIS FORM to the Managed Care Program or Health Plan you want to disenroll from. If you have questions regarding Managed Care Program or Health Plan, please call the numbers below.

Connect Care Choice
Attention: Shayne Amaral
74 West Road, 2nd Floor
Hazard Building #74
Cranston, RI 02920
(401) 462-6392

** Health care option for adults only who have Rhode Island Medical Assistance.*

Neighborhood Health Plan of Rhode Island
910 Douglas Pike
Smithfield, RI 02917
(800) 459-6019

** Managed care health plan for Rite Care (families) and Rhody Health Partners (Adults).*

UnitedHealthcare of New England
475 Kilvert Street
Suite 310
Warwick, RI 02886
(800) 587-5187

** Managed care health plan for Rite Care (families) and Rhody Health Partners (Adults).*

To be completed by HEALTH PLAN or CONNECT CARE CHOICE:

Please check if member is enrolled in one of these programs:

Communities of Care

Pharmacy Home

Signature of person receiving request

Date request received