

New Provider Action Form - Fax Number: (405) 917-7374
For Contracted Capacity and/or Age Restriction Overrides Only

Check Appropriate Reason(s) Capacity Override – _____ Age Override – _____
--

Date: _____

Provider Name: _____

SoonerCare Provider #: _____

Provider Email: _____

Providers: An action form is to be used only when a PCP is requesting a member override to their contracted capacity and/or because of member age restriction. It does not change the capacity or age restrictions to your PCP contract. Member enrollment changes for all other reasons must be initiated and completed by the member utilizing the SoonerCare Helpline (1-800-987-7767).

Please make sure your provider name and provider location code is correct. Fax this form when completed to (405) 917-7374. Incomplete action forms or requests other than capacity or age reasons will not be processed. If you would like to be notified if there are issues with your form, include your email address above.

Members aged 0-21 may choose only those providers who have current contracts with the Vaccines for Children (VFC) program. An action form requesting an enrollment for a member who is under 21 years of age will not be processed if that provider is not participating in the VFC program.

1. Complete the form below. Be sure to include all information requested.
2. The member or member's parent or legal guardian, must sign this form. Provider cannot sign the form for the member.
3. Only a provider's office can fax this form.

Please print legibly in black ink – Use another form for more than four (4) members requesting a PCP change:

Name of member(s) requesting PCP change	Member(s) SoonerCare ID number	Mbr. DOB (required) mm/dd/year	Member(s) Social Security Number
1.		/ /	- -
2.		/ /	- -
3.		/ /	- -
4.		/ /	- -

Member address: _____ Apt. # _____ City _____ State _____ Zip _____

Adult Member Signature _____ Date _____ Phone number or message phone + area code (____) _____ - _____

SoonerCare Helpline Use Only: Date Received _____ Completed by: _____ Reason not processed: _____
For Member Services Use Only: Reason not processed: _____ Date Received: _____ Date completed: _____ Completed by: _____