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

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.

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:

<table>
<thead>
<tr>
<th>Member(s) SoonerCare ID number</th>
<th>Mbr. DOB (required) mm/dd/year</th>
<th>Member(s) Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
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<td>4.</td>
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<td>- -</td>
</tr>
</tbody>
</table>

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: ____________________

OHCA Revised 05-15-2018

SC-13