



PROVIDER ACTION FORM FOR PCMH (SC-13)

SC-13 forms are for Primary Care Providers (PCPs) to enroll a member to their panel and override their current capacity. SC-13 forms cannot be used to override age restrictions on a PCP panel. Reasons for submitting an action form include:

- Adding an immediate family member of an established patient when the panel is at capacity; and/or
- Adding an established patient when the panel is at capacity.

PCP change requests for all other reasons must be initiated online at www.mysooner.org or by calling the SoonerCare Helpline at 1-800-987-7767.

Completed action forms should be faxed to (405)917-7374 for processing.

Date: _____

Provider Name: _____ SoonerCare Provider ID Number: _____

Provider Contact Name: _____ Provider Email: _____

Override Reason (*select one*):

- Immediate Family Member of Established Patient
 Established Patient with new SoonerCare Eligibility

Member Name	Member SoonerCare ID #	Member DOB	Member SSN

Member Address: _____

Member City/State/Zip: _____ Member Phone Number: _____

Member Signature: _____ Date: _____

The member or member's parent or legal guardian must sign this form. A provider may not sign for the member.

SoonerCare Use Only:

Date Received: _____ Completed By: _____

Processed: Yes No

Reason Not Processed: _____

