

Minnesota Restricted Recipient Program Patient referral request form

The Minnesota Department of Human Services developed the **Restricted Recipient Program (RRP)** to help improve the safety and quality of care for patients who may be misusing or abusing Minnesota Health Care Program services. To refer a UnitedHealthcare Community Plan member to RRP, please complete the form below and return it to us for review.

Patient information

First name:

Middle initial:

Last name:

Medicaid ID number:

Date of birth:

Street address:

City:

State:

ZIP:

Phone:

Provider information

Provider name:

Practice name:

Street address:

City:

State:

ZIP:

Phone:

Fax:

Describe the reason for referring the member to RRP:

Please attach any supporting documents, such as medical records and prescription history.

Fax or email the completed form and any materials to UnitedHealthcare Restricted Recipient Program at **855-369-7560** or **mn_rrp@uhc.com**. We'll contact you if we need additional information. Thank you.