Passport to Health · Member's Provider Change/Enrollment Form

Questions?
Call the Help Line:
1-800-362-8312

To change a check below) of Program change.

*Your journey to better health." If your journey to better health."

To change a Passport provider: Fill out this form and put a check (✓) next to the reason for changing (see below) or you can call the Montana Health Care Programs Member Help Line at 1-800-362-8312 to change

If you are enrolling with a Passport

provider: Call the Help Line at
1-800-362-8312, or you may fill out this form
and mail it.

*The member MUST authorize the change/enrollment.

To complete this form:

- Write the name, Medicaid /HMK Plus ID number, and date of birth for each member you are enrolling. Look at your Medicaid/ HMK Plus card to find each member's number. Choose a Passport provider for each member.
- 2 Write your name, telephone number or message telephone number and sign and date the form.

Mail the form to:

Passport to Health P.O. Box 254 Helena, MT 59624-9910

Or fax to:

406-442-2328

| Name of Member(s) Changing Provider | Medicaid/HMK <i>Plus</i> ID Number(s) | Date(s) of Birth | Passport Provider (Choose one for each member.) |
|---|---|--------------------------------------|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| | | | |
| Relationship to Member Changing Provider is | s (check all that apply): \square 1. Myself \square 2. Member's | Parent ∐3. Member's | Guardian∐4. Medical Power of Attorney |
| Relationship to Member Changing Provider is Name (Printed) | s (check all that apply): ☐1. MyseIf ☐2. Member's Signature | Parent ∐3. Member's Date | |
| | Signature | | Telephone or Message Number |
| Name (Printed) Reason for Change of Provider 1. My current provider is too far a have moved to a new town/new town. | Signature r way or I | Date practice. | |
| Reason for Change of Provider 1. My current provider is too far a have moved to a new town/new | Signature T way or I | Date practice. the provider rude. | Telephone or Message Number |

If you call the Help Line at 1-800-362-8312 to change or enroll, you do not have to fill out this form – open 8 a.m. to 5 p.m.

(Rev 07/14)