



Passport to Health Member's Provider Change/Enrollment Form

Questions?
Call 1-800-362-8312

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.

To complete this form:

1. 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. **The member MUST authorize the change/enrollment.**
Mail the form to:

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

You may also fax the form to (406) 442-2328.

	Name of Member(s) Changing Provider	Medicaid/HMK Plus ID Number(s)	Date(s) of Birth	Passport Provider (Choose one for each member.)
1.				
2.				
3.				
4.				
5.				
6.				

Relationship to Member Changing P is (check all that apply): . 4. I Power of Attorney

Name (Printed) Signature Date Telephone or Message Number

Reason for Change of Provider

- 1. My current provider is too far away or I have moved to a new town/new part of town.
- 2. I want a different provider/specialist.
- 3. I want my family to go to the same provider.
- 4. Inconvenient appointment times or I have to wait too long for appointments
- 5. Provider retired/moved/left practice.
- 6. Personality conflict between the provider and me.
- 7. Provider and/or staff were rude.
- 8. My provider asked me to choose someone else.
- 9. Provider did not explain things clearly or I feel I am not getting good medical care.

*Please call the Help Line if you would like to make a complaint.

10. Other (Please explain)