



## Team Care Provider/Pharmacy Change Form

Team Care is the Montana Healthcare Programs' lock-in program for members who have a history of using Montana Healthcare Program services at an amount or frequency that is not medically necessary. By restricting member access to a single pharmacy and provider, we hope to improve care coordination and prevent inappropriate medication use, drug interactions, and therapy duplications. If you would like to request a change in provider or pharmacy for a member that you believe is appropriate, please provide the following information.

Member Name	Member ID	Member Date of Birth

Change provider to: \_\_\_\_\_

Reason for Change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Change Pharmacy to: \_\_\_\_\_

Reason for Change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member Signature:

Date:

Member Phone: \_\_\_\_\_

Member Address: \_\_\_\_\_

Provider Name	NPI	Phone	Fax

Mail the form to:  
Passport to Health  
P.O. Box 254  
Helena, MT 59624-9910

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

If you have questions, please call Provider Relations at (800)624-3958 open Monday through Friday 8a.m. to 5p.m.