

Providence Medical Home Selection Form



Mail your completed form to: **P.O. Box 4327, Portland, OR 97208-4327**, or fax to: **503-574-8757**

NOTE: If you are a PEBB Providence Choice member, please use the PEBB-specific Medical Home selection form. Visit ProvidenceHealthPlan.com/PEBB and select "Forms".

About this form

Some health plans utilize a team of healthcare professionals led by a Primary Care Provider (PCP) at a designated clinic, referred to as a medical home, to provide and arrange care.

To maximize the benefits and value of your medical home plan, please designate a medical home provider for yourself and each enrolled dependent. You may choose the same or different medical homes for you and your enrolled dependents.

In the event a medical home is not chosen, one will be chosen for you.

1. Subscriber Information

_____ FIRST NAME	_____ MI	_____ LAST NAME	_____ PHONE
_____ MEMBER ID NUMBER	_____ GROUP NUMBER	_____ MEDICAL HOME	Office submitting on member's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Dependent Information and Medical Home Selection

Please indicate member information and a medical home selection below. Refer to the provider directory available at ProvidenceHealthPlan.com/ProviderDirectory for medical home options. If you need more space, please use a separate page.

FIRST NAME	LAST NAME	MI	MEMBER ID #	MEDICAL HOME

Contact Information

For more information about your plan benefits and/or information about a specific medical home, please contact customer service at **503-574-7500** or **800-878-4445 (TTY: 711)**, or send a secure message through myProvidence.com.*

*After enrollment and upon creation of a free myProvidence account.