



## Medical Home Selection Form

**NOTE:** If you are a PEBB Providence Choice member, please use the PEBB-specific Medical Home Selection Form.

Providence Choice and Providence Connect plans utilize a team of health care professionals led by a primary care provider 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 yourself and your enrolled dependents. **In the event a medical home is not chosen, one will be chosen for you.**

Medical home selections may be made through myProvidence\*, by calling customer service at **503-574-7500** or **800-878-4445 (TTY: 711)**, or by completing the sections below and returning this form via fax to **503-574-8208**, or by U.S. mail to:

**Providence Health Plan  
P.O. Box 4327  
Portland, OR 97208**

### Subscriber information

Subscriber name (First, middle initial, last)		
Member ID number & group number (if available)	Phone	Medical home
Effective date	Office submitting on member's behalf? (Check if yes)	

### 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** or the medical home list for medical home options. If you need more space, please use a separate page.

Dependent first name	M.I.	Last name	Member ID number	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**, or online at **ProvidenceHealthPlan.com/ContactUs**.

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

