



Montana Medicaid and  
Healthy Montana Kids *Plus*

## Team Care Provider/Pharmacy Change Form

**Team Care is the Montana Medicaid and HMK *Plus* lock-in program for members who have a history of using Medicaid or HMK *Plus* services at an amount or frequency that is not medically necessary. 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: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Change Provider to: \_\_\_\_\_

Reason for change: \_\_\_\_\_

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

Reason for change: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Reply to:</b>	<b>Phone: 1-800-362-8312</b> <b>Fax: (406)442-2328</b>	or	<b>Montana Health Care Programs, Member Helpline</b> <b>PO Box 254</b> <b>Helena, MT 59624-0254</b>
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For more information about Team Care, contact the Montana Health Care Programs, Member Helpline at 1 800 362 8312 or log on to our website at [www.medicaprovider.mt.gov](http://www.medicaprovider.mt.gov)