



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.

Your Name: _____	Your Phone Number: _____
Job Title: _____	Company: _____

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>or</b>	<b>Montana Health Care Programs, Member Helpline</b>
	<b>Fax: (406)442-2328</b>		<b>PO Box 254</b>
			<b>Helena, MT 59624-0254</b>

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.mtmedicaid.org](http://www.mtmedicaid.org)