



# TRIBAL HEALTH IMPROVEMENT PROGRAM

## MEMBER OPT OUT FORM

I have been notified of my enrollment in the Medicaid Tribal Health Improvement Program and have made an informed decision to opt out of the program. This informed decision was made after a telephone or face-to-face visit with a care coordinator from T-HIP. The care coordinator explained the program and offered me the option of staying in the program in a pending status where I would be able to call the Care Coordinator if I have any questions or if I would like to become more active in the program. I have chosen to opt out of the program entirely.

If I decide at a later time that I would like to re-enroll in the program, I can do this by contacting the T-HIP care coordinator or the State Medicaid Office at the address, phone number, or fax number below.

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Name (Print your name on this line)

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Signature (sign your name on this line)

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Medicaid ID Number

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Current Telephone Number

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*Mail or Fax to the following:*

**Fax:**

(406) 444-4441

**Attention:**

IHS/Tribal 638 Program Officer  
406-444-4349

**Mail:**

Hospital and Physician Bureau  
1400 Broadway, Room A206  
P.O. Box 202951  
Helena, MT 59620-2951