

Primary Care Case Management (PCCM) Member Disenrollment Form

NOTE: This form is not for use by CPC+ or PCMH providers

Date: _____

Member Name: _____

Member ID: _____

Member Date of Birth: _____

Dear _____,

We are disenrolling you as our PCCM patient.

Reason for Disenrollment:

- Member has not established care.
- Member seeking primary care elsewhere.
- Member fails to follow prescribed treatment.
- The provider-patient relationship is mutually unacceptable.
- Member is physically or verbally abusive and poses a threat to providers or other patients.
- Member could be better treated by a different type of provider and a referral process is not feasible.
- Member consistently fails to show up for appointments.
- Other please explain: _____

We will provide you care or referrals for 30 days while you transition to a new provider. Please contact the Member Help Line at (800) 362-8312 to choose a new Passport provider.

Sincerely,

Clinic Name: _____

Signature: _____

Send the form to:

Passport to Health
P.O. Box 254
Helena, MT 59624-9910

Or

Fax: (406) 442-2328