



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: _____

Reply to:	Phone: 1-800-362-8312	or	Montana Health Care Programs, Member Helpline
	Fax: (406)442-2328		PO Box 254
			Helena, MT 59624-0254

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