



Montana Medicaid and  
Healthy Montana Kids *Plus*

## Team Care Referral 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 refer a member whom you believe is appropriate for Team Care, please provide the following information.

Provider Name: \_\_\_\_\_

Provider NPI Number: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Provider Fax: \_\_\_\_\_

Member Name: \_\_\_\_\_

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

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

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Provider Signature: \_\_\_\_\_

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

Reply to: Phone: 1-800-362-8312  
Fax: (406)442-2328

or

Montana Health Care Programs, Member Help Line  
PO Box 254  
Helena, MT 59624-0254

For more information about Team Care, contact the Montana Health Care Programs, Member Help Line at  
1-800-362-8312 or log on to our website at [www.medicicaidprovider.mt.gov](http://www.medicicaidprovider.mt.gov)