

Primary Care Montana (PCMT) Provider Change or Provider Enrollment Form



Instructions for Changing your PCMT Provider:

Call the Member Help Line for Fast Service

- You can call the **Member Help Line at (800) 362-8312** to update your information.
- If you call and update your information, **you do not need to fill out this form.**
- The **Help Line is open Monday through Friday, 8:00 a.m. to 5:00 p.m. Mountain Time.**
- You can also call the Help Line if you have questions, or if you would like to file a complaint.

If You Fill Out This Form

Step 1: Fill Out the Table on Page 2

- Complete the form for each person (member) who wants to change their provider.
- Each member must approve their own change.
- You can find your Medicaid/HMK *Plus* ID number on your Medicaid or HMK *Plus* card.

Step 2: Mail or Fax the Form

- Mail:
PCMT Lead, Primary Care Montana
P.O. Box 254
Helena, MT 59624-0254
- Fax: (406) 442-2328
Attention: PCMT Lead

Choose a New PCMT provider for each member below.

Section 1: Member Information			
Name:	Medicaid/HMK Plus ID Number:	Date of Birth:	New PCMT Provider Name and Address:

Section 2: Reason for Changing Provider	
☐	My current provider is too far away, or I have moved.
☐	I want a different primary care provider.
☐	I want my family to all go to the same provider.
☐	Inconvenient appointment times or I have to wait too long for appointments.
☐	The provider did not explain things clearly or I feel I am not getting good medical care.
☐	The provider retired, moved, or left the practice.
☐	Personality conflict between the provider and me.
☐	The provider or the staff were rude.
☐	The provider asked me to choose someone else.
☐	Other. Please explain:

Section 3: Member's Signature	
Printed Name:	Telephone Number:
Member's Signature:	Date Signed:
Relationship to Member Changing their PCMT Provider: (e.g., Self, Parent, Legal Guardian, Power of Attorney, Authorized Representative)	