



## Primary Care Case Management (PCCM) Member Disenrollment Form Instructions

To disenroll a member from your PCCM Caseload, a written notification must be sent to the member and the department providing 30 days' notice.

### Completing the Disenrollment form

- 1) Fill in the date letter is being sent to the member.
- 2) Fill out all member information including name, address, Date of Birth, and Montana Healthcare Programs ID.  
\*Form may only be used for one member at a time.
- 3) Select the reason for disenrollment from the list provided.  
\*Use of Other will be at the discretion of the department to approve.
- 4) Fill in the PCCM provider/clinic name and signature of the individual completing the form.

### Disenrollment Process

- 1) Send the completed form to the member.
- 2) Send a copy of the completed form by mail or fax to the department.  
\*Provider's 30-day care obligation does not start until a copy of the letter is received by the department.

### Send form to:

Mailing address:

Passport to Health Program

P.O. Box 254

Helena MT 59624-0254

Or

Fax: (406) 442-2328

### Questions

If you have any questions, please contact the Passport Provider Analyst at (406) 457-9542.