

Providence Medical Home Selection Form

NOTE: If you are a PEBB Providence Choice member, please use the PEBB-specific Medical Home Selection Form.

Providence Choice and Providence Connect plans utilize a team of health care professionals led by a primary care provider at a designated clinic, referred to as a medical home, to provide and arrange care. To maximize the benefits and value of your medical home plan, please designate a medical home provider for yourself and each enrolled dependent. You may choose the same or different medical homes for you and your enrolled dependents. **In the event a medical home is not chosen, one will be chosen for you.**

Medical home selections may be made through myProvidence*, by calling customer service at 503-574-7500 or 800-878-4445 (TTY: 711), or by completing the sections below and returning this form via fax to 503-574-8208, or by U.S. mail to:

Providence Health Plan
 P.O. Box 4327
 Portland, OR 97208

Subscriber information

SUBSCRIBER NAME (FIRST, MIDDLE INITIAL, LAST NAME)		
MEMBER ID NUMBER & GROUP NUMBER (if available)	PHONE	MEDICAL HOME

Dependent information and medical home selection

Please indicate member information and a medical home selection below. Refer to the provider directory available at ProvidenceHealthPlan.com/providerdirectory or the medical home list for medical home options. If you need more space, please use a separate page.

DEPENDENT FIRST NAME	LAST NAME	MIDDLE INITIAL	MEMBER ID NUMBER	MEDICAL HOME (refer to provider directory)

Contact information

For more information about your plan benefits and/or information about a specific medical home, please contact customer service at 503-574-7500 or 800-878-4445, or www.ProvidenceHealthPlan.com/contactus.

* After enrollment and upon creation of a free myProvidence account