

PEBB Medical Home Selection Form



Providence Choice utilizes 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 Providence Choice plan, you must choose a medical home for yourself and each enrolled dependent. You may choose the same or different medical homes for yourself and each of your enrolled dependents.

Medical home selections may be made through myProvidence*, by calling customer service at **503-574-7500** or **1-800-878-4445 (TTY: 711)**, or by completing the sections below and returning this form to:

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

1. Member Information

_____	_____	_____	_____
FIRST NAME	MI	LAST NAME	PHONE
_____		_____	_____
MEMBER ID NUMBER & GROUP NUMBER (IF AVAILABLE)**		MEDICAL HOME	EFFECTIVE DATE

2. 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](https://www.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	DEPENDENT LAST NAME	MI	MEMBER ID #	MEDICAL HOME

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 **1-800-878-4445**, or [ProvidenceHealthPlan.com/ContactUs](https://www.providencehealthplan.com/contactus).

*After enrollment and upon creation of a free myProvidence account

**If not yet available, use your PEBB benefit number (P#####)