

Providence Choice 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 you and each of your enrolled dependents.

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 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 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 (TTY: 711), or ProvidenceHealthPlan.com/contactus.

* After enrollment and upon registering for your myProvidence account.

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