

MEDICAID HEALTH HOME PROVIDER SELECTION/CHANGE FORM

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Select a Health Home Provider from the list of available providers found at <https://pcphhselection.appssd.sd.gov/> or by calling (605) 773-3495. Providers with an “*” will only accept current patients into their Health Home program.

- ✓ I understand that I MUST choose a Health Home Provider for each family member eligible for the health homes program by completing the section below AND returning the completed form to the Division of Medical Services, 700 Governors Dr., Pierre, SD 57501.
- ✓ If I do not choose a Health Home provider, the Division of Medical Services will choose a Health Home Provider for me and all other health home eligible family members.
- ✓ I understand that I may request to change my Health Home Provider at any time and that the request to change will not be effective until the first day of the following month.

	HEALTH HOME RECIPIENT'S NAME (Family members eligible for Health Homes)	RECIPIENT ID NUMBER (from notice or ID card)	HEALTH HOME PROVIDER NAME (from Health Home Provider list)	HH CODE (from Provider list)
0				
1				
2				
3				

I understand the Health Home rules and requirements and also understand that by not following those rules and requirements, I may have to pay the bill for services that are not provided by or referred by my Health Home provider.

Name _____

Telephone Number _____

Signature _____

Date _____