

Silverton Health Providence Choice Medical Home Selection Form

Some 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. You may communicate your medical home selection in a way that's easy for you. Here are four options:

Email: Send the completed form to phpcustomerservice@providence.org

Fax: 503-574-8155

Phone: 503-574-7500 or 800-878-4445 (TTY: 711)

Mail:

Providence Health Plan

P.O. Box 4327

Portland, OR 97208

myProvidence. After enrollment, create and log in to a secure myProvidence account.

Subscriber information

SUBSCRIBER NAME (FIRST, MIDDLE INITIAL, LAST NAME)		
MEMBER ID NUMBER	PHONE	MEDICAL HOME

Dependent information and medical home selection

Please indicate member information and a medical home selection below. Refer to the provider directory 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 (see the Silverton Health medical home list)

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.