SOUTH DAKOTA
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DAS INTERNAL USE Rcvd Date _____ DAS Processor ID_____
☐ DAX Updated
☐ Provider Notice issued
Scan as DT 535

HEALTH HOME PROVIDER SELECTION FORM - BROOKINGS AREA

Member Name: _____

Member Date of Birth:_____ **Member ID Number (9 digits):**_____

Type of Request

☐ You are new to the health plan and need to select a Health Home provider.
☐ You want to request a new Health Home provider (change effective first day of the month following the request).

- This can be for any reason including you moved, you wish to see the same provider as a relative, your provider retired or moved.
- You are not required to indicate the reason you wish to change.
- You may change providers within the same clinic.

Provider Request

Check the box to the left of the provider name you wish to select.

AVERA BROOKINGS MEDICAL CLINIC 9330438					
400 22nd Ave Brookings, SD 57006			605.697.9673		
☐	Matt N Bien IM/PD	9171259	☐	Jill Kruse FM	9264963
☐	Daniel P Cecil IM	3568	☐	Kenric Malmberg FM	7059
☐	Shelby Eischens FM	7820	☐	Amy Nelson PA	9238071
☐	Andrew Ellsworth FM	8575	☐	Kathryn Nevins NP	9328338
☐	Richard S Hieb FM	1508	☐	Elizabeth Niemeyer NP	9237782
☐	Richard P Holm IM	1191	☐	Sarah Smith FM	5472
☐	Joani Holm NP	9237779	☐	Sheri Trudeau NP	9237784
☐	Debra Johnston FM	4420	☐	Rebecca Vande Kop FM	5467
☐	Katie Jones NP	9317808	☐	Merritt G Warren FM	2543
☐	Rodney King PA	9238070			

SANFORD CLINIC BROOKINGS 9210825					
922 22nd Ave S Brookings, SD 57006			605.697.1900		
☐	Julie Cameron NP	9239401	☐	Ziolo Odulio Lansang FM	9327495
☐	Walter Chesshir FM	9349256	☐	Regan Norgaard PA	9266842
☐	Stephanie Kreie PA	9239384	☐	Jennifer Olson FM	5937

If you have any questions regarding the form, please contact
DAKOTACARE at 1.800.831.0785

Form Return Options:

Email: healthhomestateplan@dakotacare.com **FAX:** 605.274.3291

Mail to: DAKOTACARE PO BOX 7406 SIOUX FALLS, SD 57117-7406

Signature:_____ Date: _____