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 - PIERRE 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 MEDICAL GROUP PIERRE 9322932			
100 Mac Lane Pierre, SD 57501		605.776.1102	
☐ Marty Allison PD	4425	☐ Darcy McClelland PA	9238725
☐ Clarissa G Barnes FM	9307545	☐ Bretta Olson PD	8144
☐ Kenneth A Bartholomew GP	2285	☐ Darrell W Plumage IM	4470.1
☐ Teresa Cass NP	9263538	☐ Michael T Richardson FM	3850
☐ Nancy Gonsor PA	9238664	☐ Rena Robbennolt NP	9240601
☐ Robert Johnson FM	9346164	☐	

SANFORD CLINIC PIERRE 9245175			
640 E. Sioux Ave Pierre, SD 57501		605.945.5560	
☐ Noel Chicoine FM	1675	☐ Carla Heller PA	9239363
☐ Kim Haines NP	9352212	☐ Thomas J Huber FM	2294

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: _____