

DAS INTERNAL USE	Rcvd Date _____	DAS Processor ID _____
<input type="checkbox"/>	DAX Updated	
<input type="checkbox"/>	Provider Notice issued	
Scan as DT 535		

HEALTH HOME PROVIDER SELECTION FORM – RAPID CITY 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.

RAPID CITY MEDICAL CENTER 9236793			
2820 Mt. Rushmore Rd. Rapid City, SD 57701		605.342.3280	
<input type="checkbox"/>	Tricia Beringer PA	9267052	Allen E Nord FM 2528
<input type="checkbox"/>	Egon F Dzintars FM	1800	Wayne Plooster FM 9290550
<input type="checkbox"/>	Daniel P Franz FM	1893	Shirley Roddy NP 9279887
<input type="checkbox"/>	Michael Goodhope FM	7227	Jamie Schaeffer FM 7022
<input type="checkbox"/>	Debby Jensen NP	9237736	Nicole Sears FM 5691
<input type="checkbox"/>	David A Johnson FM	4218	Douglas M Traub IM 1115
<input type="checkbox"/>	Jennifer Johnson PA	9238033	Kevin J Weiland IM 4121.1
<input type="checkbox"/>	Sarah Krysl PA	9257558	Alvin E Wessel Jr FM 1571
<input type="checkbox"/>	Jeanie Lembke FM	4601	Carol M Zielike FM 2532
<input type="checkbox"/>	Julie Meyer PA	9238037	

RAPID CITY REGIONAL HEALTH FAMILY PRACTICE RESIDENCY 9349244			
502 E Monroe St Rapid City, SD 57701		605.755.4020	
<input type="checkbox"/>	Brian Smith FM	5491	Kurt Stone FM 3664
<input type="checkbox"/>	Bobbi Schneller DO	8564	Kimberly Kennedy MD 9337420

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: _____