Primary Care Case Management Staff Amendment

New physicians and/or mid-level practitioners joining a practice and providing services under the Primary Care Case Management Agreement must complete the information requested below.

By signing this amendment, you are bound to the terms of the Primary Care Case Management Agreement. This amendment should be filled out by providers of the practice who meet the requirements of being a primary care provider.

Please provide the information requested below and fax this form to the Passport Enrollment Broker at (406) 442-2328. If you have any questions, call the Passport Provider Lead at (406) 457-9542.

Passport Provider Number _____ Date _____

Print Provider's Name	Provider's Signature	Provider Type (See Below)	Provider Specialty (See Below)	Provider's NPI

Provider Types Allowed for Passport Providers:	Specialties allowed for Passport Providers:		
 Physician = PHY 	General Practice = GP		
 Mid-Level = ML 	Family Practice = FP		
	Pediatrics = PEDS		
	Internal Medicine = IM		
	Geriatrics = G		
	The Below Passport Providers require a second		
	specialty from the list above:		
	 Certified Nurse Practitioner = CNP 		
	 Certified Nurse Specialist = CNS 		
	 Physician Assistant = PA 		