

ATTACHMENT D -

AMENDMENT TO PASSPORT PROVIDER AGREEMENT FOR SOLO OR GROUP PRACTICES: ADJUSTING MANAGED CARE ENROLLMENT CASELOAD LIMIT

Adjusting the enrollment cap for the number of managed care recipients allowed on the practice's managed care roster requires amending the *Agreement for Participation as a Primary Care Provider in the Montana Medicaid Passport to Health and Team Care Programs* contract.

Please provide the information requested below and fax this form to ACS at (406) 442-2328.

Please adjust the practice's enrollment cap of managed care recipients to _____.
(number)

NAME OF PROVIDER/PRACTICE

PASSPORT PROVIDER NUMBER

PROVIDER'S SIGNATURE

DATE