

## **Form to NOT Participate in the HUSKY Health PCMH + Program**

**This form tells us that you do not want to be a part of PCMH +.** By choosing to not participate, you may not receive the extra help that is part of the PCMH+ program. If you decide not to participate, your services will not change and you can still see any doctor you want.

**You can choose not to be a part of PCMH+ by:**

1. Calling 1-877-858-7012 Option #2 (Monday – Friday 8:30am – 5:00pm)

***or***

2. Signing and dating this form and returning it by mail to the following address:

**The HUSKY Program**

**P.O. Box 280747**

**East Hartford, CT 06128-0747**

I understand that by completing this form I am telling the Connecticut HUSKY Health Program that I do not want to be a part of PCMH+.

\_\_\_\_\_  
HUSKY Member ID:

\_\_\_\_\_  
Printed Name/Relationship

\_\_\_\_\_  
Signature of Medicaid member/parent/legal guardian

\_\_\_\_\_  
Today's Date

Please note: If your household received more than one form, you can return all signed forms in the same envelope.