DHS
Oregon Department
of Human Services

Request for PCM Enrollment Override

Date
From (Branch):
Worker Name
Worker Phone ( ) ext.

Print Clear Form

☐ Clients listed below are established patients.
Provider is not accepting new patients on KSEL.
Requires enrollment override.

RETURN TO: DMAP Quality Improvement, Medical Section
500 Summer St NE, E44 / Salem, OR 97301-1079
Fax: 503-947-5221
Email: dmap.hmu@dhs.state.or.us (HMU, DMAP in GroupWise)

Client Name	Prime Number	Disenroll from HMO/PCO/PCM	Disenroll Code *	PCM Name	PCM Number listed on KSEL

REMARKS

* If disenrollment is requested, specify reason for disenrollment: **EE**: Enrollment Error **PL:** Provider Location