

**AMERICAN INDIAN MEDICAL HOME
MEMBER SIGN UP FORM**

As an added benefit to being an AHCCCS member enrolled in the American Indian Health Program (AIHP), you can elect to be assigned to an American Indian Medical Home (AIMH) of your choice. The AIMH will provide Primary Care Case Management (PCCM) services to assist you with coordinating your health care needs. Your participation in the AIMH is voluntary and you may discontinue or change your AIMH site at any time.

(NOTE: The AIMH is not an option if you are currently enrolled with a Managed Care Organization(MCO); in order to take advantage of the AIMH service, you will need to be enrolled with AIHP)

American Indian Medical Home - Provider Information

AIMH Name: _____
AIMH ID: _____

American Indian Health Program - Member Information

AHCCCS ID: _____
Date of Birth: _____
First Name: _____
Last Name: _____

AIMH Assignment:

_____ The Member identified above has requested assignment to the above AIMH site, has signed the AIMH form, and the AIMH will retain the signed copy on file.

The AIMH to which the member is assigned is responsible for discontinuing the assignment of a member to their medical home when either the member requests to end the assignment, or when the medical home ends the member's assignment for an approved reason.

Discontinue AIMH Assignment:

_____ The Member has requested to end assignment to this medical home.
_____ The Provider has ended the member's assignment with this medical home.
 _____ Member deceased
 _____ Member moved Out of State

Member Signature: _____ Date: _____

Provider Signature: _____ Date: _____