SOUTH DAKOTA
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DAS INTERNAL USE Rcvd Date _____ DAS Processor ID_____
☐ DAX Updated
☐ Provider Notice issued
Scan as DT 535

HEALTH HOME PROVIDER SELECTION FORM – RAPID CITY AREA

Member Name: _____

Member Date of Birth:_____ **Member ID Number (9 digits):**_____

Type of Request

- ☐ You are new to the health plan and need to select a Health Home provider.
- ☐ You want to request a new Health Home provider (change effective first day of the month following the request).
  - This can be for any reason including you moved, you wish to see the same provider as a relative, your provider retired or moved.
  - You are not required to indicate the reason you wish to change.
  - You may change providers within the same clinic.

Provider Request

Check the box to the left of the provider name you wish to select.

RAPID CITY MEDICAL CENTER 9236793					
2820 Mt. Rushmore Rd. Rapid City, SD 57701			605.342.3280		
☐	Tricia Beringer PA	9267052	☐	Allen E Nord FM	2528
☐	Egon F Dzintars FM	1800	☐	Wayne Plooster FM	9290550
☐	Daniel P Franz FM	1893	☐	Shirley Roddy NP	9279887
☐	Michael Goodhope FM	7227	☐	Jamie Schaeffer FM	7022
☐	Debby Jensen NP	9237736	☐	Nicole Sears FM	5691
☐	David A Johnson FM	4218	☐	Douglas M Traub IM	1115
☐	Jennifer Johnson PA	9238033	☐	Kevin J Weiland IM	4121.1
☐	Sarah Krysl PA	9257558	☐	Alvin E Wessel Jr FM	1571
☐	Jeanie Lembke FM	4601	☐	Carol M Zielike FM	2532
☐	Julie Meyer PA	9238037			

RAPID CITY REGIONAL HEALTH FAMILY PRACTICE RESIDENCY 9349244					
502 E Monroe St Rapid City, SD 57701			605.755.4020		
☐	Brian Smith FM	5491	☐	Kurt Stone FM	3664
☐	Bobbi Schneller DO	8564	☐	Kimberly Kennedy MD	9337420

If you have any questions regarding the form, please contact
DAKOTACARE at 1.800.831.0785

Form Return Options:

Email: healthhomestateplan@dakotacare.com **FAX:** 605.274.3291

Mail to: DAKOTACARE PO BOX 7406 SIOUX FALLS, SD 57117-7406

Signature:_____ Date: _____