

Health Tradition

A Mayo Health System Choice in Wisconsin

Important Notice! **Primary Care Clinic Selection**

Health Tradition Health Plan wants you to choose a primary care clinic for health services. We want you to choose a primary care clinic for yourself and your family members. Each family member can choose a different clinic location. This choice will not change your healthcare in any way. It will only help to coordinate the care that you do receive. If you do not select a clinic, one will be chosen for you based on where you live. A list of clinic locations is enclosed to help you choose. **Please fill out the enclosed form and send it back in the envelope provided or simply call us at (608) 781-9692 or toll-free at 1-888-459-3020 or TTD at 1-888-459-3020.**

Q: Do I need to select a primary care clinic with Health Tradition Health Plan?

A: Yes, you must choose a primary care clinic. If you do not, one will be chosen for you. If you are a current member, select the clinic your new doctor is at. If you need help selecting a clinic, please call (608) 781-9692 or toll-free at 1-888-459-3020.

Q: Will I be able to switch clinic locations if I want to go to a different doctor?

A: Members will be able to switch clinics or doctors at any time. To make a change, call (608) 781-9692 or toll-free at 1-888-459-3020.

Q: Why do we need to choose a primary clinic to go to?

A: We decided to do this to give members a better chance to build a relationship with a family doctor. Your doctor will then be able to coordinate your healthcare for you in the event that you need a specialist or a referral. Your doctor will be able to keep better track of the preventive care you need on a proper schedule.

Q: Will any of my healthcare coverage change?

A: No, you will still receive the same coverage and benefits that you have always had.

Q: What if I need to go to a chiropractor, eye doctor or mental health provider?

A: You can go to any chiropractor, eye doctor or mental health provider that is in our Health Tradition network. If you have any questions about this or need a provider directory, please call the Member Advocate at (608) 783-9507 or toll-free at 1-800-545-8499. You only need to choose a primary care clinic for medical care.

Q: What if I have more questions?

A: If you have any questions, please call the Member Advocate at (608) 783-9507 or toll-free at 1-800-545-8499.

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Primary Care Clinic Locations

Each family member covered by Health Tradition Health Plan (HTHP) needs to select a clinic location from this list. Please call (608) 781-9692 or toll-free at 1-888-459-3020 with your choice or fill out the back page of this form and mail it in the postage-paid envelope to HTHP. **Please note: If you do not let us know, a clinic site will be selected for you.**

Clinic Name and Locations:

Franciscan Skemp Healthcare Clinic Arcadia
Franciscan Skemp Healthcare Clinic Galesville
Franciscan Skemp Healthcare Clinic Holmen
Franciscan Skemp Healthcare La Crosse – Center For Women’s Health
Franciscan Skemp Healthcare La Crosse – Family Health Clinic
Franciscan Skemp Healthcare La Crosse – Family Practice
Franciscan Skemp Healthcare La Crosse – Internal Medicine
Franciscan Skemp Healthcare La Crosse – Pediatrics
Franciscan Skemp Healthcare Clinic Onalaska
Franciscan Skemp Healthcare Clinic Prairie du Chien
Franciscan Skemp Healthcare Clinic Sparta
Franciscan Skemp Healthcare Lake Tomah Clinic
Franciscan Skemp Healthcare Clinic West Salem
Franciscan Skemp Healthcare Clinic La Crescent, Minnesota
Scenic Bluffs Community Health Center Cashton/Norwalk

English – For help to translate or understand this, please call 1-800-545-8499.

Spanish – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-545-8499.

Russian – Если вам не всё понятно в этом документе, позвоните по телефону 1-800-545-8499.

Hmong – Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-545-8499.

Laotian – ເພື່ອຊ່ວຍໃນການແປ ຫລືເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາ ໂທອະລັບຫາ 1-800-545-8499.

(TTY) 1-888-459-3020

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Primary Care Clinic Selections

Print clearly the following:

	<u>Name</u>	<u>Social Security#</u>	<u>Clinic Choice</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Person filling out form Phone Number

Address

City State Zip Code

Do you have any other insurance besides Health Tradition Medicaid/BadgerCare HMO?

YES NO

If so, what is (are) the name(s) of the company(ies)? _____

Effective date of other insurance? _____

NOTE: This form needs to be returned as soon as possible. If we do not hear from you, a clinic site will be selected for you. Thank you!