

Verification of Provider Choice Form

Client: Medical Record#: Medicaid ID:	<i>This form is to be completed upon the referral and at annual renewal for services to document informed choice.</i>
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I, _____ (client or guardian) acknowledge that I have been given an opportunity to review a list of Endorsed Service Providers and the services they provide within Wake County/Durham County/ Orange Person Chatham County. I understand that only medically necessary services will be authorized. I have been informed of the appropriate and available providers in the (WCHS/ DCHS/ CIH) LME Provider Network that would meet my specific needs for services, location, and hours of availability.

I understand it is my choice to select an Endorsed Service Provider to address my need and that I can alert my service provider if I would like to make a change. I can also call Consumer Rights at 919-212-7155 (Wake County), 1-800-510-9132 (Alliance Quality Management Department), and 704-939-7700 (Cardinal Innovations Healthcare) to request assistance if I experience any difficulty with changing my service provider.

Please check the appropriate box below to indicate your selection(s).

- I do not have a preference of Service Providers and understand that I will be referred to the next appropriate Service Provider on the Wake/ Durham/ OPC County LME Intake/Referral list for _____ (services).
- I choose to receive _____ outpatient (services) from Tanielle L.A. Brown _____ and understand that someone from the agency/ agencies will be contacting me within 7 days from the date of my signature on this form to initiate the service process.
- I choose to wait for the first available appointment/ vacancy for _____ (services) to be provided by _____, _____ (agency/ agencies). I have received procedures for accessing crisis services and understand the risk of delaying services.
- I choose to decline _____ services at this time. I have received procedures for accessing crisis services and understand the risk of declining these services.

Signature: _____ **Date:** _____