

# Request to *Opt Out* of the Medication Therapy Management Program



If you would like to **NOT** participate in PHP (HMO SNP)'s Medication Therapy Management Program (MTMP), please complete this form and return it in the self-addressed, postage-paid envelope, or mail it to PHP, P.O. Box 46160, Los Angeles, CA 90046. You can also call Member Services at (888) 456-4715, 8:00 a.m. to 8:00 p.m., seven days a week, and tell us that you do not want to participate. TTY users call 711. *Choosing not to participate in the MTMP will not affect your enrollment in or eligibility for PHP.*

***I decline to participate in PHP's MTMP. I understand that I may choose to participate in the MTMP at any time by contacting Member Services or my Registered Nurse Case Manager.***

Name: \_\_\_\_\_

Member Number: \_\_\_\_\_  
*Your member number is on your ID card.*

Address: \_\_\_\_\_  
*Street Address* *Apt. No.*

\_\_\_\_\_

*City* *State* *Zip*

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*PHP is an HMO plan with a Medicare contract.  
Enrollment in PHP depends on contract renewal.*