

Direct Primary Care Services Opt-Out Form

Use this form to notify PEHP that you want to terminate your Direct Primary Care subscription.

» Instructions

Complete this form and return it to us:

- » **Message Center:** Send the form via the secure Message Center in your PEHP account at www.pehp.org
 - » **USPS:** Mail the form to us at the address on the top right.
- Please allow up to 2 business day to process your request.

☐ **OPT OUT**

☐ Self

☐ Family

» Policy Holder Information *See your PEHP Member ID card.*

Member ID _____

Member Name _____

Street Address _____

City _____ State _____ Zip _____

I want to terminate my subscription effective _____

☐ Medallus Medical

☐ Fia Care

☐ AZOVA

☐ Other _____

Signature _____