



Direct Primary Care Services

Opt-Out Form

560 East 200 South, Salt Lake City, UT 84102
801-366-7555 / 800-765-7347
Fax: 801-366-7771

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 _____