



Family Owned. Family Values. Since 1956

MEDICAL HOME DESIGNATION

_____(Patient), is a (i) C&K employee or (ii) dependent of a C&K employee [please identify by underlining], covered under the C&K Market, Inc. Health Plan.

I, Patient or Patient’s parent/guardian, designate _____ [print name of medical provider or clinic] as Patient’s primary care “Medical Home.”

By signing below, Provider or the clinic representative acknowledges this designation, and affirms their willingness to provide the medical home services described in C&K’s Medical Home Arrangement.

Provider or Clinic Representative Date: _____

Patient, or Patient’s parent/guardian Date: _____

If parent/guardian, please print name: _____

✓ This designation is effective on the date received and accepted by C&K Market, Inc. Health Plan.

✓ Families designating the same Medical Home provider for multiple patients should fill out and submit separate Medical Home Designations for each.

✓ Completed Medical Home Designations should be promptly submitted to:

C&K Market, Inc.
Human Resources
615 5th Street
Brookings, OR 97415



✓ Patients may change their Medical Home provider designation by completing and submitting a new Medical Home Designation at any time.

For C&K Market, Inc. Health Plan Use Only: Date received: _____ IPA? Yes No
Date designation input complete: _____