DIVISION OF MEDICAID
BUREAU OF MENTAL HEALTH PROGRAMS

MENTAL HEALTH FREEDOM OF CHOICE
SELECTION FORM

HSM Fax: 1-(888) 557-1920

Consumer First Name	Consumer Last Name	Medicaid ID Number

HealthSystems of Mississippi (HSM) is a company that helps the Division of Medicaid (DOM) review your health care.

One or more of the services requested by your provider has not been approved and we need your help. We have informed your provider.

Check the box next to your choice:

☐ Yes, I am choosing to receive services from the following provider:_____.
and the service I am agreeing to participate in is:_____.

☐ No, thank you. I am choosing to receive or change providers or services at this time.

I have had program choices explained to me. I have made my choice by marking a check in the correct boxes above. I understand that the Medicaid program has clinical and financial eligibility requirements that are not a part of this screening.

Signature	Date Signed

Printed Name