Washington State Department of Social & Health Services

MAA Medical Assistance Administration

Washington Medicaid Integration Partnership Exemption/Disenrollment Request

To: Jacquie Howard, Supervisor
Medical Assistance Administration
Division of Client Support
PO Box 45505
Olympia, WA 98504-5505

Phone: (360) 725-1431
Fax: (360) 725-2144
E-mail: howarjs@dshs.wa.gov

Tribal Clinic: _____

Address: _____

Phone: _____

I am an enrolled American Indian/Alaskan Native of a federally recognized tribe and wish to be removed from the Washington Medicaid Integration Partnership (WMIP) Project.

Name: _____

Case, PIC, or Assistance Unit Number: _____

Date of Birth (DOB) _____

Social Security Number (SS#): _____

If you wish to be taken out of the Molina Integration (MINT on your Medical ID Card) for the current month, have you had any medical care or need any medical care this month?

☐ Yes ☐ No

Client's Signature: _____

Date: _____