



MCO HEALTHCHOICE RECIPIENT ADDRESS CHANGE REPORT

Return this form to: HealthChoice, Beneficiary Enrollment Services, Room L-9
201 W. Preston Street, Baltimore, MD 21201

Date: 2/15/11

Member Name: Recipient John T
Last First M.I.

Member Medical Assistance #: 01234567890

MCO Name: MCO Advantage

MCO Representative: Mary Representative Phone: 410-123-4567

Change Reported By: Jane Relative Relationship: Mother Phone: 410-123-8903

Correct Address (Per Member): 1216 West East Street

Date Reported: Apt. 6
2/20/11 Anywhere, MD 21200

Previous Address: 921 Second Street, Apt 2B
Anywhere, MD 21200

OUT OF STATE (check box): MUST ATTACH SUPPORTING DOCUMENTATION FOR OUT-OF-STATE ADDRESS

(To be filled out by DHMH and forwarded to DSS)

TO: Local Department of Social Services Date: _____

RE: An MCO has notified us of a new address for the Medical Assistance recipient listed above. Please make the appropriate corrections on their record.

Address on MMIS-II:

CARES Address: