

**MCO RECIPIENT CONFLICTING DATA REPORT**

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

Date: 2/15/11

MCO Name: MCO Advantage

MCO Representative: Mary Representative

Phone: 410-123-7289

Member Name: Recipient

Sarah

J.

Last

First

M.I.

Member Medical Assistance #: 01234567890

**(Check appropriate box in Part I and provide detailed information in Part II)**

**Part I This information pertains to:**

Name:  SSN:  DOB:  Gender:  HOH Change:  Phone Number:

Date of Death (include Place of Death):  Incarceration (include Phone #/Name of Facility):

Other: \_\_\_\_\_

**Part II Reported information needing verification:**

Recipient's date of birth is 7/28/92

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

**TO:** Local Department of Social Services

Date: \_\_\_\_\_

**RE:** An MCO has notified us of conflicting data for the Medical Assistance recipient listed above. Please verify the information and make the appropriate corrections on their record.

Information per MMIS-II:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARES Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_