



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: _____

Member Name: _____
Last First M.I.

Member Medical Assistance #: _____

MCO Name: _____

MCO Representative: _____ Phone: _____

Change Reported By: _____ Relationship: _____ Phone: _____

Correct Address (Per Member): _____

Date Reported: _____

Previous Address: _____

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: _____
