

MississippiCAN Change Form



Mississippi Medicaid Program
MSCAN Enrollment
P.O. Box 23078
Jackson, MS 39225
Phone: 1-800-884-3222
Fax: 601-206-3015
<http://www.medicaid.ms.gov/>

Asterisk (*) denotes required fields

*Please Choose One.

Magnolia Health

Molina HealthCare

United HealthCare

Opt Out

* Medicaid ID/Social Security Number:

* Last Name

* First Name

* MI

Date of Birth

* Home Address:

* Street:

* City:

* State

* Zip and Extension

County

Mailing Address: (If Different):

Street:

City:

State

Zip and Extension

County

Home/Cell Phone Number:

Section 2: Primary Care Physician Information

* Do you have a regular primary care physician? Yes No

Regular primary care physician details:

Last Name First Name Facility Name

City County Telephone

* **What is the reason for opt out ? Please choose one.**

Requesting without cause before 90 days or during open enrollment

No longer living in Mississippi

No longer eligible for Medicaid

Enrollee is deceased

Unnecessary risk, poor quality of care, lack of access to services.

Comments:

Section3: Your Signature

* Name of the Person submitting the form:

* Date: