

MississippiCHIP

Change Form



*Please choose your preferred plan.

United Healthcare Molina Healthcare

**Indicates required field*

MISSISSIPPI DIVISION OF
MEDICAID

MississippiCHIP Enrollment

P.O. Box 23078

Jackson, MS 39225

Phone: 1-800-884-3222

Fax: 1-888-495-8169

<https://medicaid.ms.gov/programs/childrens-health-insurance-program-chip/>

Section 1 Personal Information

*Beneficiary Name:

*Date of Birth:
(mm/dd/yyyy)

*Medicaid ID #
or
*Social Security #

*Mailing Address:

*City/State:

County:

Home or Cell
Phone:

Section 2 Primary Care Physician Information

Do you have a primary care physician? YES NO

If yes, primary care physician name? First _____ Last _____

City:

County:

Facility Name:

Physician Telephone
Number:

Comments:

Section 3 Your Signature

*Signature:

Date:

**For Office use only
Dating of Processing:

Received by:
Revised 8/12/2019