

CHIP (Children's Health Insurance Plan)



MISSISSIPPI DIVISION OF
MEDICAID

MississippiCHIP Enrollment

P.O. Box 23078

Jackson, MS 39225

Phone: 1-800-884-3222

Fax: 1-888-495-8169

www.medicaid.ms.gov/programs/mississippican/mississippican-chip-information/

Change Form

*Please choose your preferred plan.

UnitedHealthcare Magnolia Health

**Indicates required field*

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? | <input type="checkbox"/> YES <input type="checkbox"/> 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 07/14/2016