

MississippiCAN

Mandatory Change Form

Please choose your preferred plan.

- Magnolia Health Molina Healthcare
 United Healthcare Community Plan



MISSISSIPPI DIVISION OF
MEDICAID

MississippiCAN Enrollment

P.O. Box 23078

Jackson, MS 39225

Phone: 1-800-884-3222

Fax: 1-888-495-8169

<https://medicaid.ms.gov/program/managed-care/>

Section 1 Personal Information

**Indicates required field*

***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

**Indicates required field*

***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

**Indicates required field*

***Signature:**

Date:

****For Office use only
Dating of Processing:**

**Received by:
Revised 04/26/2018**