

MississippiCAN

Mandatory Change Form

Please choose your preferred plan.

United Healthcare Magnolia Health

**Indicates required field*



MISSISSIPPI DIVISION OF
MEDICAID

MississippiCAN Enrollment

P.O. Box 23078

Jackson, MS 39225

Phone: 1-800-884-3222

Fax: 1-888-495-8169

www.medicaid.ms.gov/programs/mississippiCAN/

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 8/28/2014