

MississippiCAN

Optional Change Form



Please choose your preferred plan.

- United Healthcare Magnolia Health
 Opt out (Regular Medicaid)

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/

**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 8/28/2014