MISSISSIPPI COORDINATED CARE MANDATORY ENROLLMENT

Please complete all sections and return this form back to the Division of Medicaid (DOM) in the envelope included.

MISSISSIPPI DIVISION OF MEDICAID

*Indicates required field

SECTION 1: PERSONAL INFORMATION

***BENEFICIARY MEDICAID NUMBER OR *SOCIAL SECURITY**

You must have Medicaid to participate in this program.

***LAST NAME (Print)** ***FIRST NAME (Print)** **MIDDLE INITIAL**

ADDRESS WHERE YOU LIVE **CITY** **STATE** **ZIP CODE** **COUNTY**

***MAILING ADDRESS** **CITY** **STATE** **ZIP CODE**

(____)_____ _____/_____/_____ _____

PHONE NUMBER (If Available) ***YOUR BIRTHDAY (mm/dd/yyyy)** **AGE**

Are You Pregnant (Check one) ☐ **YES** ☐ **NO**

What language is spoken in the home? English ☐ Spanish ☐ Other: _____

SECTION 2: COORDINATED CARE ORGANIZATION (Please choose one)

*Put a check mark by the Coordinated Care Organization (CCO) you want to take care of your health care needs.

☐ **MAGNOLIA HEALTH**
☐ **MOLINA HEALTHCARE**
☐ **UNITEDHEALTHCARE**

*Do you have a regular primary care physician? ☐ Yes ☐ No

*If yes, primary care physician name First _____ Last_____

Facility Name: _____ Telephone Number: ( )_____-_____

City: _____ County: _____

SECTION 3: SIGNATURE REQUIRED

All information I gave on this form is true and correct. I know that if I get health care from a doctor not in my CCO that I will have to pay. I have read and understand the information on this application.

_____ _____

Legible Signature of Applicant or Head of Household/Authorize Representative DATE

Information that you give is private. Your medical information can only be shared if needed to give medical services. If you get services under the CCO network, you give the CCO right to give Medicaid information about your health.

Please mail enrollment forms to: **MississippiCAN Enrollment** P.O. Box 23078 Jackson, MS 39225 **or Fax:** 1-866-644-6050	Please allow 5 business days for enrollment forms to be processed. **If you would like to check eligibility or check the status of your enrollment form, please call 1-800-884-3222.**	https://medicaid.ms.gov/programs/managed-care/ **REVISED 06/19/2023 MGD- 0363**