

# MISSISSIPPI COORDINATED CARE OPTIONAL ENROLLMENT FORM

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
- OPT OUT (MEDICAID)

\*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/>

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