



Request for Change of Member Information Form

Maintaining Current Member Information is a Two-Step Process:

1. Please call the Department of Children and Families (DCF). Let them know that your information has changed. Only they can update your Medicaid file. Their local, toll free number is 1-866-762-2237. You can also make changes online at www.myflorida.com/accessflorida.
2. Please complete this form and mail it to the Plan at the address below. This is to make sure CHA has your most recent contact information.

Please let CHA know if your information has changed. Fill out this form and mail it to the address below. If you need a translator or help with this form, please contact our Member Services department toll free at **1-877-577-9043**.

**Clear Health Alliance
1701 Ponce de Leon Blvd.
Coral Gables, FL 33134**

Date Completed: _____ / _____ / _____

Print or type the following information:

_____	_____ / _____ / _____	_____	_____
Medicaid ID#	Date of Birth	Male	Female

Member Name			

Address			

City, State, Zip			

Telephone Number			

I would like to update the following information:

_____	_____
New first Name	New Last Name

New Address	

New City, State, Zip	

New Telephone Number	

_____	_____
Signature	Relationship to Member