



PAC RECIPIENT ADDRESS CHANGE REPORT

Return this form to: PAC Eligibility Services
P.O. Box 386
Baltimore, MD 21203-0386

Date: 2/15/11

Member Name: Recipient Jane M
Last First M.I.

Member Medical Assistance #: 01234567890

MCO Name: MCO Advantage

MCO Representative: Mary Representative Phone: 410-123-4567

Change Reported By: Jane Relative Relationship: Mother Phone: 410-123-8903

Correct Address (Per Member): 1216 West East Street
Date Reported: Apt 6
2/20/11 Anywhere, MD 21202

Previous Address: 921 Second Street, Apt. 2B
Anywhere, MD 2121202

OUT OF STATE (check box): MUST ATTACH SUPPORTING DOCUMENTATION FOR OUT-OF-STATE ADDRESS

(If received by DHMH, please forward via inter-office mail to PAC Eligibility Services Division)

TO: PAC Eligibility Services Date: _____

RE: **An MCO has notified us of a new address for the Medical Assistance recipient listed above. Please make the appropriate corrections on their record.**

Address on MMIS-II:

