# MIDCOUNTY PHYSICIANS MEDICAL GROUP ("MCPMG")

MEMBER MAILING ADDRESS / PHONE NUMBER CHANGE REQUEST FORM

To update your address and phone number please complete the form below (print or type), sign and date, then mail or fax back to:

ATTN. Eligibility Department

6760 Top Gun Street, Suite 100 . San Diego, CA 92121-4152

Telephone (858) 824-7000; Fax (858) 824-7047

**To protect your privacy, please include a copy of your health plan ID card AND documentation of your new address (for example a utility bill with your name and address or an ID card with name and new address, etc.).**

| | |
|---|---|
| Name | |
| DOB | |
| Health Plan ID # | |

| | |
|---|---|
| New Street Address | |
| New City | |
| New Zip | |
| Phone Number | |

Please list the name and date of birth for any MINOR dependents that this change will apply for. A separate address request form is required for each ADULT on this policy.

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I hereby authorize MIDCOUNTY PHYSICIANS MEDICAL GROUP ("MCPMG") to update the mailing address and/or telephone number as indicated above. I understand that this will only update the records for MCPMG and that it is my responsibility to provide updates to my health care provider(s) and my health plan.

X_____

(PLEASE PRINT or TYPE YOUR NAME)

X_____ DATE: _____

(PLEASE SIGN)