CaliforniaChoice®
Your Health. Your Choice.®

721 South Parker, Suite 200 Orange, CA 92868
(800) 558-8003 • FAX (714) 558-8000
www.calchoice.com

Group Contact Change Request

Group Name	CaliforniaChoice® Group #

Please list the group's Billing address below. (❑ Billing address and Street address are the same)

Street _____ City _____ County _____ State _____ ZIP Code _____

Please list the group's Street Address below.

Street _____ City _____ County _____ State _____ ZIP Code _____

Please add the individual(s) listed below as the primary/additional contact for the above referenced group effective immediately. This individual is hereby authorized to obtain confidential information on the group.

Primary Contact _____ Title/Position _____

Direct Line (xxx) xxx - xxxx _____ E-mail Address _____

Additional Contact _____ Title/Position _____

Direct Line (xxx) xxx - xxxx _____ E-mail Address _____

Additional Contact _____ Title/Position _____

Direct Line (xxx) xxx - xxxx _____ E-mail Address _____

Additional Contact _____ Title/Position _____

Direct Line (xxx) xxx - xxxx _____ E-mail Address _____

Please remove the contacts listed below, as they are no longer authorized to obtain confidential information on the group.

Remove Contact _____ Title/Position _____

Remove Contact _____ Title/Position _____

Remove Contact _____ Title/Position _____

X _____ _____ MM / DD / YYYY _____

Authorized Personnel Signature | Print Name | Date

Please Fax This Form to (714) 558-8000

CC 0563 1/2016