



CaliforniaChoice
Your Health. Your Choice.

721 S. Parker, Suite 200
Orange, CA 92868
Phone (800) 558-8003
Fax (714) 558-8000

Group Contact Change Request

Group Name	CaliforniaChoice Group #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

Street City State Zip

Please list the group's Street address below.

Street City State Zip

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: _____ Email: _____

Additional Contact: _____ Title/Position: _____

Direct Line: _____ Email: _____

Additional Contact: _____ Title/Position: _____

Direct Line: _____ Email: _____

Additional Contact: _____ Title/Position: _____

Direct Line: _____ Email: _____

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: _____

Authorized Personnel Signature

Print Name

Date

Please Fax This Form To 714-558-8000