



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 Better Health has your most recent contact information.

Please let Better Health 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 **1-800-514-4561**.

**Better Health
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