Better Health
Better Choices, Better Doctors. . . Better Health.

# Request for Change of Member Information Form

**Updating your Member information is a two-step process:**

1. Please contact the Department of Children and Families. Only they can update your Medicaid file. Their local, toll free number is 1-866-762-2237 or you can make changes online at www.myflorida.com/accessflorida
2. Please complete this form and mail it to the address below.

To change your contact information, please complete this form and mail it to the address below. If you require a translation service or assistance with this form, please contact our Enrollee Services department toll free at **1-866-392-3501**.

**Better Health**
**12905 SW 42nd St, Suite 211**
**Miami, Fl. 33175**

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