



**STATE OF RHODE ISLAND AND PROVIDENCE
PLANTATIONS
Executive Office of Health and Human Services**

Medicaid's 2018 Plan Change Request Form

Date:	Telephone Number:		
First Name:	MI:	Last Name:	
Address:		Apt/Unit:	
City:	State:	Zip Code:	
Social Security Number:			Date of Birth:
Signature:			<input type="checkbox"/> Check if authorized representative <input type="checkbox"/> Check if navigator and release is on file

To change to a new health plan, place an "X" in the box next to the plan. Make only one choice and mail to: RI Executive Office of Health & Human Services, 74 West Road, - Virks Enrollment Unit, Cranston, RI 02920



Drs Concannon & Vitale **DO NOT** accept Neighborhood Health Plan of RI



Be sure to request the specific doctors you want for your child, in this case:
Drs. Concannon & Vitale
1145 Reservoir Ave., Suite 124
Cranston, RI 02920-6055



For Medicaid/ Rite Care Members: All family members enrolled in Medicaid/ Rite Care must be enrolled in the same health plan. Please list family members and Social Security numbers below.

Name	Social Security Number