



REQUEST FOR CHANGE OF MEMBER INFORMATION FORM

Updating your Member information is a two-step process:

- 1. Step One: Please contact the Department of Children and Families. Only they can update your Medicaid file. Their local, toll free office number is 1-866-762-2237 or you can make changes online at www.myflorida.com/accessflorida**
- 2. Step Two: 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 Member Services department toll free at **1-866-270-2422**.

**First Coast Advantage
P.O. Box 3630
Akron, OH 44309-3630**

Date Completed:
/ /

Print or type the following information:

Medicaid ID# _____ / ____ / ____ 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 _____