



Dear Member:

**Thank you for choosing Prestige Health Choice as your health plan.
We want you to have the best care.**

To help with your care, we need to make sure we have the right contact info for you. Please complete the form on the back of this letter, or call Prestige Health Choice at **1-855-355-9800** to speak to one of our Member Services Representatives if you've changed your:

- Name
- Mailing address
- Home address
- County where you live
- Telephone number (Please list all numbers where we can reach you.)
- Email (Optional)

You should also update your contact information with the following agencies:

Department of Children and Families **1-866-762-2237**

Social Security Administration **1-800-772-1213**

If you complete the contact form, mail it to:

Prestige Health Choice

PO Box 7181

London, KY 40742

Sincerely,

Prestige Member Services Department

We'll provide this information to you in other languages and formats at no charge. We'll also interpret this information over the phone in any language. Call Member Services at 1-855-355-9800. For TTY, call 1-855-358-5856.

Nosotros le podemos ofrecer esta información a usted en otros idiomas y formatos sin costo. También interpretaremos esta información por teléfono en cualquier idioma. Llame a Servicios al Miembro al 1-855-355-9800. Para los usuarios TTY, llame al 1-855-358-5856.

Prestige Health Choice Member Contact Form

First Name:		
Last Name:		
Home Address:		
City:	State:	Zip Code:
County:		
Mailing Address:		
City:	State:	Zip Code:
Telephone Number:	Alternate Number:	
Email Address:		
Telephone Number:	Email Address:	