

# CONTACT INFORMATION CHANGE FORM



ADDRESS CHANGE    PHONE OR EMAIL CHANGE    NAME CHANGE

**FOR ADDITIONAL ASSISTANCE CONTACT CLIENT ADVOCACY AT 443-451-4979.**

1. Complete section for applicable change.
2. Attach any required documentation.
3. Sign and return to Evergreen Health:

**Email:** [client\\_advocacy@evergreenmd.org](mailto:client_advocacy@evergreenmd.org)

**Fax:** 888-975-1538

**Mail:** Evergreen Health 3000 Falls Rd, Suite 1, Baltimore, MD 21211

## ADDRESS CHANGE

Member Name			Member ID		
<b>PREVIOUS ADDRESS</b>			<b>NEW ADDRESS</b>		
Street			Street		
City	State	ZIP Code	City	State	ZIP Code

## PHONE OR EMAIL CHANGE

Member Name	Member ID
Previous Phone or Email	New Phone or Email

## NAME CHANGE

Member Name	Member ID
Previous Name	New Name

Date of Birth Change

### REQUIRED

One of the following is attached:

- Driver's License
- Social Security Card
- Passport

## ADDITIONAL INFORMATION

Please note any additional information that may be applicable.

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MEMBER SIGNATURE \_\_\_\_\_

Signature

Date