



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 information for you. Please complete the form on the back of this letter, or call Prestige 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.
- Phone 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
P.O. Box 7181
London, KY 40742

Sincerely,

Prestige Member Services

This information is available for free in other languages. Please contact our customer service number at **1-855-355-9800** or **TTY/TDD 1-855-358-5856**, 24 hours a day, 7 days a week.

Esta información está disponible en otros idiomas de forma gratuita. Comuníquese con nuestro número de servicio al cliente al **1-855-355-9800** o **TTY/TDD 1-855-358-5856**, las 24 horas del día, los 7 días de la semana.

Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele sèvis kliyan nou annan nimewo **1-855-355-9800** oswa **1-855-358-5856 pou moun ki pa tande byen**. 24 sou 24. 7 sou 7.



Prestige Health Choice Member Contact Form

First name	
Last name	
Home address	
City	
County	
State	
ZIP code	
Mailing address	
City	
State	
ZIP code	
Phone number	
Alternate number	
Email address	