



Optum Care Network–SDPMG

MEMBER MAILING ADDRESS / PHONE NUMBER CHANGE REQUEST FORM

To update your address and phone number please complete the form below (print or type), sign and date, then mail or fax back to:

ATTN: Eligibility Department

6760 Top Gun Street, Suite 100, San Diego CA 92121-4152

Telephone: 1-858-824-7000 | Fax: 1-858-824-7047

To protect your privacy, please include a copy of your health plan ID card AND documentation of your new address (for example: a utility bill with your name and new address or an ID card with name and new address, etc.).

Name	
DOB	
Health Plan ID #	

New Street Address	
New City	
New Zip Code	
Phone number	

Please list the name and date of birth for any minor dependents that this change will apply for. A separate address request for is required for each adult on this policy.

I hereby authorize Optum Care Network-SDPMG to update the mailing address and/or telephone number as indicated above. I understand that this will only update the records for Optum Care Network-SDPMG and that it is my responsibility to provide updates to my health care provider(s) and my health plan.

X _____
(PLEASE PRINT or TYPE YOUR NAME)

X _____ Date: _____
(PLEASE SIGN)