



**Instructions:**

1. Complete this form to request a Medicaid Rx update. If you have questions, call 1-800-222-3986.
2. You may fax this form to 512-776-7162. Attention: **Medicare Part D Update.**
3. Also attach a copy of the insurance card, front and back.

**Client Name:**

**Client ID:**

**Name of who is reporting:**

**Modality:**

**Phone Number:**

**Email:**

\*Phone Number where KHC can call with questions or requests for additional information.

**Date:**

Check the boxes and complete fields as applicable.

**Medicare Rx 1st time new enrollments:**

PDP #:

Benefit Plan:

**Disenrollment letters:** *Please attach a copy of letter to email.*

**Client Medicare Number (HICN):**

**Client Medicare Part A Effective Date:**

**Client current ZIP Code:**

**New plan changes for the year:**

Enter updates to PDP information. The PDP # and Benefit Plan # can be located at the bottom left-hand side of the Medicare Part D card.

**Old PDP #:**

**Benefit Plan #:**

**Effective Date:**

**New PDP #:**

**Benefit Plan #:**

**Effective Date:**

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