Have you heard the news?

Navigators for a Healthy Louisiana is

1-800-435-2432

LOUISIANA DEPARTMENT OF HEALTH
CONTACT INFORMATION FORM

MEMBER INFORMATION:		
Name:		
Medicaid IDe cm6 0 0aJ ET EsaaN	¡# Î%À V%÷v%Š V%È%ŠŠúîì®í	member's name

______________, date of birth and at least the last four numbers of the Social Security Number are required to process the form.

	City:	State:	ZIP Code:
	Street Address:		Apt/Suite Number:
	City:	State:	ZIP Code:

Cell Phone Number: Email Address:

Home/Alternative Phone Number: Do you want to receive information from Medicaid by email?

ʻ Yes ʻ No

SIGN THIS FORM:

By signing this form, I am giving my permission to the State of Louisiana and its agents to verify the informl5 (a)