



SCRIPPS PHYSICIANS MEDICAL GROUP ("SPMG")

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 (858) 824-7000; Fax (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 address or an ID card with name and new address, etc.).

Name	
DOB	
Health Plan ID #	

New Street Address	
New City	
New Zip	
Phone Number	

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

I hereby authorize SCRIPPS PHYSICIANS MEDICAL GROUP ("SPMG") to update the mailing address and/or telephone number as indicated above. I understand that this will only update the records for SPMG 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)