



sunshine health[™]

P.O. Box 459089
Fort Lauderdale, FL
33345-9089

Request to Change Lock-in Pharmacy

One pharmacy change allowed in a six-month period (unless good cause)

Recipient Name: _____

Recipient Medicaid Number: _____

Recipient Address: _____

Recipient City, State Zip: _____

Recipient Phone Number: _____

I want to change my “Lock-In” Pharmacy to the following:

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy City, State Zip: _____

Pharmacy Phone Number: _____ Pharmacy Fax Number: _____

Pharmacy License Number: _____

Pharmacy Medicaid Provider Number: _____

Please make this change effective as of mm/dd/yyyy: ____/____/____

Recipient Signature _____ Medicaid ID: _____

Fax completed form to: 1-866-753-7452 or mail to the address below:

Sunshine Health
Attn: Pharmacy Department
P.O. Box 459089
Fort Lauderdale, FL 33345-9089



This information is available for free in other formats and languages. Please contact Member Services at 1-866-796-0530 (TTY 1-800-955-8770) Monday through Friday, 8 a.m. to 8 p.m.

Sunshine Health complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, sex, pregnancy or sexual orientation. Sunshine Health provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats. We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact us at the number above. If you believe that Sunshine Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, pregnancy or sexual orientation, you can file a grievance with: 1557 Coordinator, P.O. Box 31384, Tampa, FL 33631, Phone: 1-833-236-9680 (TTY 711), Fax: 1-866-388-1769, Email: SM_Section1557Coord@centene.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://www.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>. This notice is available at Sunshine Health's website: SunshineHealth.com/non-discrimination.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-796-0530, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-796-0530 (TTY 1-800-955-8770).

Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter les services aux membres au 1-866-796-0530, TTY 1-800-955-8770 du lundi au vendredi, de 8 heures à 20 heures.

Queste informazioni sono disponibili gratuitamente in altre lingue. Contattare il Servizio Membri al 1-866-796-0530, TTY 1-800-955-8770 dal lunedì al venerdì, dalle 8:00 alle 20:00

Эту информацию можно бесплатно получить на других языках. Обращайтесь в Отдел обслуживания по телефону 1-866-796-0530, телефону с текстовым дисплеем 1-800-955-8770 с понедельника по пятницу с 8:00 до 20:00.