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The mission of the California Department of Health Care Services DHCS is to provide Californians with access to affordable integrated high quality health care [Read more.] Los Angeles Fires Go to ca LAfires for wildfire tips and latest information Get more info Loading Loading Se gorngv oix ziux gandiev deix waac mbuox azuqc longc zorngh tengx porv waac mbuox bei

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If you have any questions about the following form please call Health Care Options at 1 800 430 4263.HCO7101 MA_0004048_ENG2_0715 State of California Health and Human Services Agency Department of Health Care Services Medi Cal Choice Form Instructions These instructions will help you fill out the Medi Cal Choice Form on the next page

For help filling out the form call Medi Cal Health Care Options HCO at 1 800 430 4263. Please print clearly using blue or black ink only. Write in block letters and completely fill in all areas to indicate your choice]

[MCP should include applicable county contact information.] You might also qualify for Medi Cal through Social Security because you are getting SSIHCO .] For questions about enrollment call Health Care Options at 1 800 430 4263 TTY 1 800 430 7077 or 711. Or <http://www.healthcareoptions.dhcs.gov> 1213

Or go to <https://www.ssa.gov> How to Fill Out the Medi Cal Choice Form Use the MEDI CAL CHOICE FORM S in this packet to join a health plan or to choose Regular Medi Cal Fee For Service. Benefits will not change for voluntary beneficiaries who remain in Regular Medi Cal Fee For Service

Fill out one form for each family member

You can get more forms by calling Health Care Options at 1 800 430 4263 Kawm paub txog California Health Care Options HCO Nrhiav cov kev npaj kho mob thiab cov chaw muab kev pab Cov Ius qhia los pab koj xaiv txoj kev npaj kho mob Cov tswv yim los pab koj xaiv txoj kev npaj kho hniav Sib piv cov kev npaj kho mob thiab cov kev npaj kho hniav.

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