Use this form to change health plans. For free help filling out this form, call 1-800-430-4263.

**MEDI-CAL CHOICE FORM**

Mail completed form to: California Department of Health Care Services • Health Care Options • Box 959009, W. Sacramento, CA 95798-9503

Please print. Use a black or blue pen. Completely fill in the ovals to show your choice.

### Health Plans

<table>
<thead>
<tr>
<th>Option</th>
<th>Doctor/Clinic Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross (fill in Doctor/Clinic Code)</td>
<td></td>
</tr>
<tr>
<td>Care 1st (fill in Doctor/Clinic Code)</td>
<td></td>
</tr>
<tr>
<td>HealthNet (fill in Doctor/Clinic Code)</td>
<td></td>
</tr>
<tr>
<td>Kaiser (fill in Doctor/Clinic Code)</td>
<td></td>
</tr>
<tr>
<td>Western Health Advantage (fill in Doctor/Clinic Code)</td>
<td></td>
</tr>
<tr>
<td>Regular Medi-Cal</td>
<td></td>
</tr>
</tbody>
</table>

**I want to be in:**

- Blue Cross
- Care 1st
- HealthNet
- Kaiser
- Western Health Advantage
- Regular Medi-Cal

**Reasons for Change:**

- Code A: I could not choose the doctor I wanted
- Code B: The plan did not meet my needs
- Code C: My doctor did not meet my needs
- Code D: I had to go too far to see my doctor
- Code E: I did not choose this plan
- Code F: I am moving out of the county
- Code G: Other

**Statement of Understanding:** I understand that by filling out and signing this form, I am choosing how to get my Medi-Cal health care. I understand that the Department of Health Care Services will keep the information on this form. They will only use it to enroll or disenroll me from a Medi-Cal Health Plan. Other government agencies that serve Medi-Cal members can also see this information. I can look at the files that Medi-Cal keeps on me, unless they are being used in an investigation or lawsuit. (To see your Medi-Cal file, contact the Department of Health Care Services at the address at top.)

**If You Chose a Medi-Cal Health Plan:** I have read the description of the plan I want to join.

**If You Join Kaiser:** I understand that Kaiser requires binding arbitration. This means that I give up my right to a jury or court trial for medical malpractice and other disagreements about benefits and services. Instead, I would help choose independent professionals who would make a decision about the problem. I can still ask for a Medi-Cal State Hearing.