



MEMBER ID CORRECTION FORM

One form is needed per member. All fields must be filled out for the form to be processed. Please make the necessary corrections and fax to 405-530-3228. Please ensure all required documentation is attached as appropriate. See below for specific instructions.

Member ID: _____ Name: _____ DOB: _____ SSN: _____

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Member ID: _____ Name: _____ DOB: _____ SSN: _____

Member ID: _____ Name: _____ DOB: _____ SSN: _____

Please indicate type of error: duplicate ID, demographic change, etc.

Error Received: _____

Correction Requested: _____

Contact Information

Provider Number: _____ Date Sent: _____

Contact Name: _____ Phone Number: _____

1) Change in member's name: one of the following documents must accompany the form:

- Copy of birth certificate.
- Government issued ID.
- Social Security card.

2) Change in date of birth: one of the following documents must accompany the form.

- Copy of birth certificate.
- Government issued ID.

3) Change of gender: the following document must accompany the form.

- Copy of birth certificate.

Please allow 7-10 business days for correction of demographic information or duplicate linking issues.



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767