

Change of Information for Enrollment Entity (EE)

Please call the EE/CAA Liaison Help Line at (800) 279-5012 or

Email ee-caaliaison@maximus.com with any questions.



SECTION 1	Enrollment Entity (EE) Data	
Complete required Entity information. Note: Signature of Authorized Contact Person is <u>required</u> for all updates.	Organization Name	EE # (5 digits)
	Authorized Contact	<u>Authorized Contact Signature</u>

Please check appropriate box(es) below to indicate information to be updated:

Change the **service** location address to:

SECTION 2	Change Of Service Location Address		
Complete all fields in this section	Physical Business Address		Suite Number
	City	County	State/Zip

Change the **mailing** address to:

SECTION 3	Change Of Mailing Address		
Complete all fields in this section	Mailing Address		Suite Number
	City	County	State/Zip

Change the **billing** address to: (requires an updated W-9 Tax Form)

SECTION 4	Change Of Billing Address		
Complete all fields in this section	Billing Address		Suite Number
	City	County	State/Zip

Change the **business name** to: (requires an updated W-9 Tax Form, tax number **must** remain the same if not, a new Invitation to Participate needs to be submitted)

SECTION 5	Change Of Business Name	
Complete all fields in this section	Business Name	

Change the **contact person(s)**:

SECTION 6	New Outreach Contact Person For Referrals		New Billing Contact Person	
Complete all appropriate fields in this section	New Contact Name		New Contact Name	
	Business Phone # ()	CAA Number	Billing Phone # ()	Billing Fax # ()
	E-mail Address		E-mail Address	

Mail to: HFP & PCIP, EE Liaison
625 Coolidge Dr. Suite 100, Folsom, CA 95630
Or
Fax to: (916) 673-4500 - Attn: EE/CAA Liaison