

Subject Line: Community Health Choice Documentation
Sub-header: Agent of Record (AOR) Change Form- Fax # UPDATED

Dear Valued Partner,

We would like to communicate an update to the current Agent of Record (AOR) Change form. Please note the fax # in which forms can be sent is (713) 295-7015 and can be used immediately. **Please save the revised document which is included as a separate attachment to this notice.**

While the form can be faxed in for processing, please be aware that you can also submit your request via email to AgentRelations@CommunityCares.com.

Please note that this form can be completed by either the subscriber or agent but **must be signed by both parties**. Once the Agent of Record changes are processed, they will be effective the first of the month following Community Health Choice's approval of this form.

We appreciate your cooperation and value your continued service to our Members.

Thank you for representing Community Health Choice! We value your partnership!

For questions related to application submissions, please contact AgentRelations@CommunityCares.com or by phone at (713) 295-6760.

For questions related to Contracting or Appointment, please contact Agent.Credentialing@CommunityCares.com or by phone at (713) 295-6760.

For questions related to Commissions, please contact Agent.Commissions@CommunityCares.com or by phone at (713) 295-6760.