

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

Dear Valued Partner,

In an effort to ensure quality measures and compliance, we have revised the Agent of Record (AOR) Change form which is available for use effective immediately. Please review and save the revised document which is included as a separate attachment to this notice.

We ask that you begin using the new form now, however, we will continue to accept the existing version through **February 28, 2018** to allow you the opportunity to update your materials accordingly. Any original forms submitted after **February 28, 2018** will be rejected and returned to you.

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.