

MCO RECIPIENT CONFLICTING DATA REPORT (PAC)

Return this form to: PAC Eligibility Services, P.O. Box 386
Baltimore, MD 21203-0386

Date: 2/15/11

MCO Name: MCO Advantage

MCO Representative: Mary Representative

Phone: 410-123-4529

Member Name: Recipient

Jane

L.

Last

First

M.I.

Member Medical Assistance #: 01234567890

(Check appropriate box in Part I and provide detailed information in Part II)

Part I This information pertains to:

Name: SSN: DOB: Gender: HOH Change: Phone Number:

Date of Death (include Place of Death): Incarceration (include Phone #/Name of Facility):

Other: _____

Part II Reported information needing verification:

Recipient's correct date of birth is 4/15/90

(If received by DHMH, please forward via interoffice mail to the PAC Eligibility Services Division)

TO: PAC Eligibility Services

Date: _____

RE: An MCO has notified us of conflicting data for the Medical Assistance recipient listed above. Please verify the information and make the appropriate corrections on their record.

Information per MMIS-II:

