

# Nevada Medicaid – Managed Care Organization(MCO) Change Form

Please provide the following information in your request to change your Managed Care Organization (MCO):

**Name:** \_\_\_\_\_

**Medicaid ID (Head of Household):** \_\_\_\_\_

**MCO Choice:**

**Amerigroup Community Care  
Health Plan of Nevada  
SilverSummit Healthplan**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail your request to:**

Nevada Medicaid; Attn: MCO Changes

P.O. Box 30042

Reno, NV, 89520

If you have any questions regarding Nevada Medicaid please contact your local district office at the following:

**Northern Nevada (775) 687-1900**

**Southern Nevada (702) 668-4200**