

# County Options Change Request Form (COCR)

**Send this Form to:**

DMA Health Check Consultant  
Managed Care/Division of Medical Assistance  
2501 Mail Service Center – Unit 16  
Raleigh, NC 27699-2501  
Courier # 56-20-06  
Fax: (919) 715-0844 or (919) 715-5235

Date: \_\_\_\_\_

**Please Print**

---

---

Network Name: \_\_\_\_\_ Network Medicaid Provider Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Signature

DMA Approver: \_\_\_\_\_ DMA Approval Date: \_\_\_\_\_

---

---

**1. Change Health Check Coordinator Information**

List the Health Check Coordinator name and contact information as you would like it to appear in the Health Check Directory.

*ADD* \_\_\_\_\_ *DELETE* \_\_\_\_\_ *CHANGE* \_\_\_\_\_

Coordinator Name: \_\_\_\_\_

Site Location Name: \_\_\_\_\_

Address, include courier number: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_

List each county served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Change Health Check Supervisor or Network Director Information**

Indicate whether the change is to ADD, DELETE, or CHANGE a name, address, phone number, and/or email.

*ADD* \_\_\_\_\_      *DELETE* \_\_\_\_\_      *CHANGE* \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address, include courier number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**3. Change Network Information**

Indicate whether the change is to ADD, DELETE, or CHANGE a name, address, phone number, and/or email.

*ADD* \_\_\_\_\_      *DELETE* \_\_\_\_\_      *CHANGE* \_\_\_\_\_

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

Address, include courier number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**4. Suppress AINS Letters or Remove Deceased Child.**

Please check if appropriate:

Suppress AINS Letters \_\_\_\_\_

Remove Deceased Child \_\_\_\_\_

Child's Name: \_\_\_\_\_

MID #: \_\_\_\_\_

Reason Given: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adult Making Request: \_\_\_\_\_