



6630 Orion Drive
Fort Myers, FL 33912

Request to Change Lock-In Pharmacy

One pharmacy change allowed in a six-month period (unless good cause)

Recipient Name: _____

Recipient Medicaid Number: _____

Recipient Address: _____

Recipient City, State Zip: _____ Recipient Phone Number: _____

Reason for Pharmacy Change Request: _____

I want to change my "Lock-In" Pharmacy to the following:

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy City, State Zip: _____

Pharmacy Phone Number: _____

Pharmacy Fax Number: _____

Pharmacy License Number: _____

Pharmacy Medicaid Provider Number: _____

Please make this change effective as of mm/dd/yyyy: _____ / _____ / _____

Recipient Signature _____ Medicaid ID: _____

Fax completed form to: 1-703-842-8429 or mail to the address below:

Vivida Health

Attn: Pharmacy Department

6630 Orion Drive

Fort Myers, FL 33912

1-844-246-2927
TDD/TTY 711

Vividahealth.com