



For office use only

Enrollee Request to Amend Demographics Form

Form with fields: CurrentCare Enrollee Name, Date of Birth, Gender, Enrollee/Patient Address, City, State, Zip Code, Telephone Number, Cell Phone Number, Email.

- 1. Request to Amend Demographics. I authorize the state designated Regional Health Information Organization, the Rhode Island Quality Institute (RIQI), to amend my demographic information as described below.
2. Effective Date of Request. This request will become effective when it is received by RIQI and recorded in CurrentCare.

Revised Information

Revised Information form with fields: CurrentCare Enrollee Name, Date of Birth, Gender, Enrollee Address Street, City, State, Zip Code, Telephone Number, Cell Phone Number, Email.

For your protection, we require that the "Enrollee Request to Amend Demographics" form be authenticated by your physician's office staff if they are a CurrentCare enrollment partner, by a notary public or by a member of the Operations Department at Rhode Island Quality Institute.

I hereby certify that all items on this form have been completed to the best of my knowledge.

Print Name of Patient or Authorized Representative

Date

Signature of Patient or Authorized Representative

Relationship (select one) form with options: Parent, Legal Guardian, Power of Attorney.

Print Name of Authenticator or Notary

Date

Please complete and sign this form and mail or hand-deliver the original form to:

CurrentCare
Rhode Island Quality Institute
50 Holden Street, Suite 300
Providence, RI 02908

Facsimiles (fax) and copies will not be accepted.

