

MEDOCARE HEALTH SYSTEMS, INC.
REQUEST FOR AMENDMENT OF CONTRACT

NAME OF MEMBER: _____ PLAN: _____

CONTRACT NO.: _____

ITEM	FROM	AMENDED TO
1. Change of Civil Status	_____	_____
2. Change of Address	_____	_____
3. Change of Hospital	_____	_____

Availment of upgraded benefits shall be authorized only after 30-days from the date of its payment and approval. This request, together with the original application and statements made to the company for said contract heretofore issued, shall be for all-purpose taken and considered as the application for such amended or reissued contract.

In case of apparent errors or omissions discovered by the company in the foregoing request, hereby authorize the company to correct or complete this request for amendment of contract and agree that if the contract is changed in accordance with such amendment request, my acceptance of any contract so amended, or reissued will constitute my conformity to, and ratification of any correction in or addition to this request made by the company in the provided space.

If the present contract is replaced by a re-issued contract is hereby further agreed that in consideration of the amendment requested herein. I hereby surrender the present contract and consent to its cancellation.

Done at _____ this day of _____, 20__.

Signature of Member/Payor

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