



700 E Gregory St.  
Suite 150  
Pensacola, FL 32502

## 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:**

**Lighthouse Health Plan  
Attn: Pharmacy Department  
700 E Gregory St.  
Suite 150  
Pensacola, FL 32502**

1-844-246-2927  
TTD/TTY 711

Lighthousehealthplan.com