



State of California  
Health and Human Services Agency



California Department of Public Health

## Important Information Regarding Your Prescription Coverage

*Please keep this form in a safe place!*

Enrollment Worker: \_\_\_\_\_

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

Program ID Number: \_\_\_\_\_

You will receive a postcard in the mail from CDPH 45 days before your birthday. The postcard will remind you to meet with your enrollment worker to re-enroll in the program. You will receive a Self-Verification Form (SVF) in the mail from CDPH 6 months after your birthday. You will need to follow the instructions on the form.

Notes:

For questions regarding program enrollment/eligibility, please contact **CDPH:**

**Phone Number:** (844) 421-7050

**Fax Number:** (844) 421-8008

**E-fax:** [cdphmedassistfax@cdph.ca.gov](mailto:cdphmedassistfax@cdph.ca.gov)

For pharmacy/medication billing questions, please contact **Magellan Rx Management:**

**Phone Number:** (800) 424-5906