



OneCare Kansas Member Opt-Out Form

Instructions

If you are a OneCare Kansas (OCK) member and no longer wish to receive services through the program, you can opt out at any time without affecting your future eligibility to participate if you continue to meet the criteria. You can choose from one of the three methods below to opt out of the OCK program:

- Complete and submit the signed form to your assigned Managed Care Organization (MCO) via fax, HIPAA-compliant secure email, or standard mail using the contact information below.
- Complete and submit the signed form to your OCK provider.
- Call your assigned MCO to opt out using the phone number provided for your MCO below.

MCO Contact Information		
Aetna Better Health of Kansas Attention: Member Services 9401 Indian Creek Pkwy, Suite 1300 Overland Park, KS 66210 Email Aetna Better Health of Kansas Phone: (855) 221-5656 Fax: (959) 282-8852	Sunflower Health Plan 8325 Lenexa Drive, Suite 200 Lenexa, KS 66214 Email Sunflower Health Plan Phone: (877) 644-4623 Fax: (888) 453-4317	United Health Care OneCare Kansas 6860 W 115th St. Mail Route: KS015-M400 Overland Park, KS, 66211 Email United Health Care Phone: (877) 542-9238 Fax: (855) 252-9324

Member Information

Please enter your information in the fields below.

Members Name: _____

Date of Birth: _____ **Medicaid ID Number:** _____

Acknowledgement of Program Discontinuation

Please complete and sign the fields below to acknowledge your decision to discontinue services under the OCK program. If applicable, a parent, guardian, or a legal representative must complete and sign the form.

By signing, I acknowledge my decision to discontinue services under the OCK program. I understand that signing this form does not opt me out of KanCare.

Printed Name of Member: _____

Member Signature: _____ **Date:** _____

Printed Name of Parent/Guardian/Legal Rep: _____

Parent/Guardian/Legal Rep. Signature: _____ **Date:** _____