CardinalCare
Virginia's Medicaid Program

Attendant Change of Information

Use this form to report any name, address, and phone or email changes. Please be sure the Attendant has signed the form.

Attendant Information			
Attendant ID:	Check all that apply: ☐ Change of Name ☐ Change of Address ☐ Change of Phone ☐ Change of Email Address		
Attendant First/Middle Name:		Attendant Last Name:	
Previous Name (if name change):	Date of Birth:	Phone Number:	Email Address:

New Physical Address			
Street Address:	City:	State:	Zip Code:

If you are changing your physical address information, please check one (required):

I reside in the household where I am employed ☐ Yes ☐ No

New Mailing Address			
Street Address:	City:	State:	Zip Code:

Attendant Signature _____ Date _____

To change your information with VA Cardinal Care, through Public Partnerships you may submit your changes by:

- Using the PPL Web Portal at: https://pms/publicpartnerships.com/pplportal/login.aspx
- Calling PPL Customer Service at: 1-833-549-5672
- Emailing to: vapplfax@pcgus.com
- Faxing this form to: 1-866-709-3319
- Mailing this form to: Public Partnerships LLC
  4991 Lake Brook Drive, Suite 190
  Glen Allen, VA 23060