



## Pharmacy Lock-In Change Form

### Section A: Member and pharmacy information:

Last Name		First Name		Initial
Date of Birth (MM/DD/YY)		Medicaid Number		
Mailing Address		City	State	Zip
Evening Phone Number	Daytime Phone Number	Contact Hours (Please specify when you prefer to be called)		
Current Lock-in Pharmacy				
Current Pharmacy Name				
Pharmacy Address		City	State	Zip
New Lock-in Pharmacy				
New Pharmacy Name				
Pharmacy Address		City	State	Zip

### Section B: Please give a detailed reason for requesting a change in your lock-in pharmacy:

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### Section C: Signature

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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If the request is filed by a personal representative on behalf of the member, complete the Consent for Authorized Representative Form and return with Pharmacy Lock-in form.

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

- Parent of Minor Child       Legal Guardian       Power of Attorney  
 Executor/Conservator      Other \_\_\_\_\_

Please return form(s) to:

Molina Healthcare of Nevada  
Attn: Member Appeals and Grievance  
PO BOX 401820  
Las Vegas, NV or  
Fax 877-823-5961

The Nevada Medicaid Hearings Unit is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-833-685-2102, TTY users dial 711** and use your health plan's grievance process before contacting the Nevada Medicaid Hearings Unit. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. The Nevada Medicaid Hearings Unit also has a toll-free telephone number **(877) 638-3472**, Fax # (775) 684-3610 and E-mail: [dhcfphearings@dhcfp.nv.gov](mailto:dhcfphearings@dhcfp.nv.gov).

**Distributed by Molina Healthcare. To get this information in other languages and accessible formats, please call Member Services. This number is on the back of your Member ID card. You can get this information free in other formats, such as large print, braille, or audio. Call (833) 685-2102, TTY/TDD: 711, Monday - Friday, 8 a.m. to 6 p.m., PST. The call is free. Molina Healthcare of Nevada (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (833) 685-2102 (TTY: 711). ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call (833) 685-2102 (TTY: 711).**

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