

General Inquiry Form



The Mississippi Division of Medicaid strongly encourages you to include your name and telephone number with your question so that we may help resolve your issue quickly.

First name

Last name

Phone Number

E-mail

Please complete all sections below that are pertinent to having your inquiry handled appropriately.

Beneficiary's Name

Beneficiary's ID

Beneficiary's Address (if applicable)

City

State

Zip Code

Beneficiary's Phone number

Provider's Name

Provider's ID

Provider's Address (if applicable)

City

State

Zip Code

Provider's Phone Number

Please describe your question or issue below.