

Proxy Access Request Form

MYWHA ACCOUNT – MINOR UNDER 18

Western
Health
Advantage



Mail to: Western Health Advantage, Attn: Member Services
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Fax to: 916.568.0126

Email to: memberservices@westernhealth.com

Attach completed form and applicable attachments

Include in Subject Line: Proxy Access Request Form

Questions? 916.563.2250, 888.563.2250 toll-free or 888.877.5378 for TDD/TYY

This form has been retired and is no longer in use. Please contact member services at the phone numbers above with any questions.