

“Change My Doctor” Instructions

Below is a list of instructions for each question. You may print this page to read while filling out the “Change My Doctor” online form. Remember, you must answer all of the **Red questions** for your form to be complete.

1. Enter the ten numbers of your Medicaid or ARKids First recipient ID number.
2. Enter your first name in the blank that reads “first name” and your last name in the blank that reads, “last name”.
3. Enter the county that you live in. This is different from the city that you live in.
4. If you are the parent, guardian, or caregiver of a Medicaid recipient, please enter your first name in the blank that reads “first name”, and enter your last name in the blank that reads, “last name”.
5. Enter the complete address where you receive mail. Please include apartment numbers. Also enter the city, state, and zip code. Enter the main phone number that you can be reached at most of the time by “phone number”. For your “message phone number”, enter the second number that you can usually be reached at.
6. If you have an email address, please enter it here.
7. Enter the same email address a second time.
8. Click on “search” to choose the name of the new doctor that you would like to have. The doctor’s name and county will automatically be placed on the form again. Please make sure you select the right doctor and county.
9. You may click on “search” again to choose a second doctor, just in case we cannot get your first choice. The doctor’s name and county will automatically be placed on the form again. Please make sure you select the right doctor and county.
10. You may click on “search” again to choose a third doctor, just in case we cannot get your first or second choice. The doctor’s name and county will automatically be placed on the form again. Please make sure you select the right doctor and county.
11. Choose the sentence that best fits your reason for changing doctors. We are not able to change doctors based on complaints. Please contact your local DHS office with doctor complaints. If you have “other reasons” that are not listed, please type your reason in the box.

Next, click on “SEND CHANGE”. You will receive a letter in the mail within five business days accepting or declining your request. When you submit a request to change your doctor, it does not guarantee your request. If you have already made a doctor’s appointment, please call ConnectCare at **1-800-275-1131**, to be assigned to a doctor immediately. The ConnectCare Helpline is available 24-Hours a day Monday-Thursday, and Friday until Midnight.