

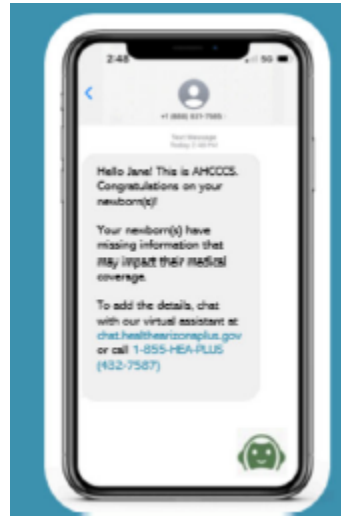
How to Update Information for Your Newborn

AHCCCS has sent you a congratulations text, email, or voice message on your newborn(s) asking you to provide missing information about your newborn.

Click the Link in the text or email to chat with our virtual assistant SAM

OR

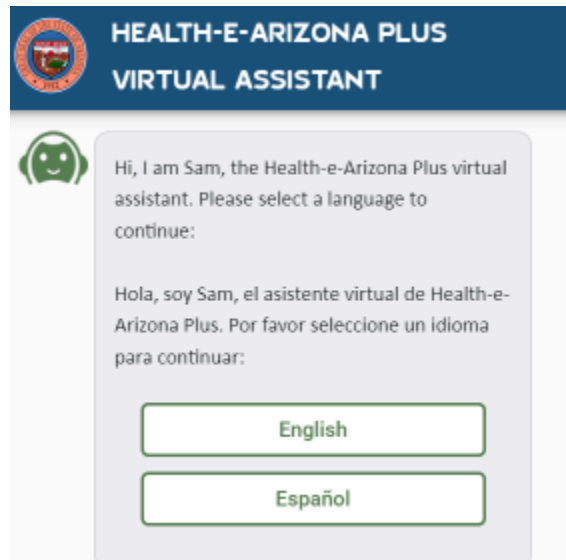
Call 1-855-HEA-PLUS (432-7587).



Additional Option to Report these changes:

Go to: [Health-e-Arizona Plus](#)

Select SAM, our virtual assistant, type the word "Newborn" and update your newborn's information.



Select Member/Applicant
This step will verify your information in Health-e-Arizona Plus.

Please enter the main contact's first name, last name, date of birth, and the last 4 digits of your social security number (SSN) so I can confirm your identity.
If a SSN is not available, select "No SSN".

Main Contact Information 1:25

First Name *
Enter First Name

Last Name *
Enter Last Name

Date of Birth *
MM/DD/YYYY

Last 4 Digits of SSN *
XXXX

Submit No SSN

OR

Please enter the main contact's first name, last name, date of birth, and AHCCCS ID number so I can confirm your identity.
You can find your 8-digit AHCCCS ID number on your AHCCCS member ID card.

Main Contact Information 1:58

First Name *
Enter First Name

Last Name *
Enter Last Name

Date of Birth *
MM/DD/YYYY

AHCCCS ID *
XXXXXXXXXX

Submit No AHCCCS ID

Select Update Contact Information to provide missing information for your newborn like first and last name and Social Security Number.

HEALTH-E-ARIZONA PLUS VIRTUAL ASSISTANT

Hi, I am Sam, the Health-e-Arizona Plus virtual assistant. Please select a language to continue:
Hola, soy Sam, el asistente virtual de Health-e-Arizona Plus. Por favor seleccione un idioma para continuar:

English
Español

Hi, I am Sam, the Health-e-Arizona Plus virtual assistant. I am here to help with questions related to AHCCCS Medical Assistance renewals. How can I help you today?

Choose an option or type your question:

Update Contact Information
Prepare for Renewal
Submit Renewal Documents
Sign-Up for Renewal Alerts
Understand Renewal Letter
Find Other Medical Coverage

Type your question here

Confirm the information you provided about your newborn(s).

Information Before

Name 1:	SSN 1:
<input checked="" type="radio"/> Baby Boy (M)	

Information After

Name 1:	SSN 1:
<input checked="" type="radio"/> Testing Newborn Flow (M)	123-45-6789