

How to change your contact information

1. Login to [your account](#) (if you're locked out of your account, you can use our web chat service to unlock it)
2. Scroll down until you see a blue button that says "report a change"
3. Select **Edit Information** in the **Primary Applicants Contact Information** section of the Application Review page.

Primary Applicants Contact Information

Address:	45 Smith Street Providence, RI 02908
Phone:	401-222-2222
Email:	jane@email.com
Preferred language spoken:	English
Preferred Language Read:	English
Preferred Time:	Anytime

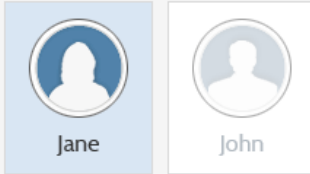
 [Edit Information](#)

4. After you've edited your information, double check to makes sure all of your contact information is correct. If HealthSource RI needs additional information from you or if we have an important message to share, we will use these details to contact you.

If you select Email for your Preferred Contact Method, HealthSource RI is still required to send certain information through paper mail such as Disenrollment Notices and Billing Statements.

Your Information

Required Fields *



Contact Information

Primary phone number

401-222-2222

Type

Home ▼

Preferred time of contact

Anytime ▼

Secondary phone number

402-531-3456

Type

-Select C ▼

Email address

jane@email.com

Preferred method of contact *

Paper Mail ▼

Preferred language spoken *

English ▼

Preferred language read *

English ▼

Address

*If you are without a permanent home, you must still enter the city, state, and zip code as a physical address.
Please enter the city/town where you stay most often.*

Home address

Address Line 1

45 Smith

Address Line 2

Street

Apt/Unit #

City * ⓘ

Providence

State *

RI

ZIP Code *

02908

Mailing Address

Is your mailing address the same as your home address? *

Yes No

I currently do not have a permanent home

*If you do not currently have a permanent home, select the checkbox and you will be able to choose a DHS Office Address to receive mailings.