MEDICAID CARE CONNECT
DECLINE TO PARTICIPATE FORM

Participation in the Care Connect Program is optional. To opt out, please complete this form and return to CMForms@state.sd.us or mail to: Division of Medical Services, 700 Governors Dr., Pierre, SD 57501. For questions call (605) 773-3495.

I choose not to participate in the Care Connect Program

I, _____, do not want to participate in Care Connect at this time.
(Name, Please Print)
I understand that I may choose to participate in Care Connect later, if I am eligible.

Medicaid Number: _____

Name of Person Completing Form: _____

Reason for declining to participate (Please check all that apply)

- ☐ I do not need this program.
- ☐ My provider is not a Care Connect Provider.
- ☐ Other (please explain) _____