**FAX TO AHCCCS/DIVISION OF MEMBER AND PROVIDER SERVICES (DMPS), MEMBER CONTACT AND DATA UNIT (MCDU)**: mcdumemberescalation@azahcccs.gov

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEMBER NAME | |  | AHCCCS ID NUMBER | |
| DATE OF BIRTH | |  |  | |
| **TYPE OF MEDICAL INSTITUTION** | **DATE OF ADMISSION** | | **AHCCCS PROVIDER**  **ID NUMBER** | **NAME OF MEDICAL INSTITUTION** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |

|  |
| --- |
|  |
| COMMENTS |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| CONTRACTOR NAME |  | DATE |

|  |
| --- |
|  |
| SUBMITTED BY |
|  |
| TITLE |
|  |
| PHONE NUMBER |