|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROVIDER/COMPLAINANT** | | | | | |
| PROVIDER/COMPLAINANT NAME: | |  | TYPE (MD, DO, PA, ETC.): | |  |
| AHCCCS PROVIDER ID: |  | | PHONE NUMBER: |  | |

|  |  |
| --- | --- |
| ADDRESS: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HEARING REPRESENTATIVE** | | | | |
| HEARING REPRESENTATIVE: | |  | | |
| PHONE NUMBER: |  | | ADDRESS: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLAIM DISPUTE** | | | | |
| DATE(S) OF SERVICE: |  | | BILLED AMOUNT: | $ |
| CLAIM DISPUTE ISSUE CATEGORY: | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ISSUE TO BE HEARD AT HEARING: | | |  | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| LEGAL CITATIONS: | |  | | | | | |
|  | | | | | | | |
| CONTRACTOR DISPUTE NUMBER: | | |  | | | |
|  | | | | | | |
| **MEMBER INFORMATION** | | | | | | | |
| MEMBER NAME: |  | | | | AHCCCS ID NUMBER: |  | |
| |  | | --- | | EXPEDITE: Yes  No | | | | |  | | | |