



During the duration of the public health emergency, AHCCCS may reimburse out-of-state providers for multiple instances of care to multiple participants, so long as other criteria listed below is provided.

If a certified provider is enrolled in Medicare or with a State Medicaid program other than AHCCCS, AHCCCS may provisionally, temporarily enroll the out-of-state provider for the duration of the public health emergency in order to accommodate participants who were displaced by the emergency.

Duration of the approved out-of-state provider will terminate upon termination of public health emergency; in no case will any extensions be granted beyond the public health emergency.

Complete the following Information:

Provider Type:

Name/Entity Name (dba):

*Required: Completed & Signed IRS W-9 : Yes

EIN/TIN or SSN:

DOB:

Gender:

NPI (If applicable):

Date of First Claim:

Correspondence Address:

Pay to Address:

Service Address:

Are you enrolled as a Medicare Provider? Yes No

If you are enrolled with another state Medicaid agency, please indicate which state(s):

*Required

State licensure:

"I affirm under penalty of law that the information on this form is true, accurate, and complete to the best of my knowledge."

Signature

Date

Title