**Instructions for Attachment F:**

1. **No.** The row number. If you require additional rows, insert the row number accordingly.
2. **HP ID #:** Health Plan Identification Number (ID#)
3. **County Code:**
4. **Provider Type:** If the provider is an AHCCCS registered provider (see AMPM 410 for a list of provider types). If the provider is not registered with AHCCCS at this time, place “XX” in the column.
5. **AHCCCS Provider Identification No:** Insert the AHCCCS assigned number identifying the provider. If the provider does not have an identification number, leave row blank.
6. **Name:** The name of the provider as they are registered with AHCCCS.
7. **Address:** The address where the provider is located.
8. **City:** The city where the provider is located.
9. **State:** The state where the provider is located.
10. **Zip Code:** Zip Code for the provider’s address.
11. **Telephone:** The telephone number of the contact person.
12. **Contact Person:** The name of the person to contact.
13. **Services Provided:** For each provider listed, place a “Y” in the column to indicate what services are contracted to be provided (Attendant Care, Homemaker, Habilitation, Personal Care). A provider may provide more than one service.
14. **Agency with Choice (AWC):** Place a “Y” in the column, if the provider offers the Agency with Choice service model.
15. **Comments:** List any comments the Contractor has about the provider related to its AWC participation.

**DESD/DDD - Do not report independent contractors here.**