MEMBER NAME | DATE OF BIRTH | AHCCCS ID #

CURRENT CONTRACTOR INFORMATION

INDIVIDUAL REQUESTING CHANGE | PHONE #

CONTRACTOR NAME

FISCAL COUNTY NAME

☐ TRANSFER ☐ APPROVE ☐ DENIED _____ FISCAL COUNTY # _____ PROVIDER ID # _____ DATE

REASON:

☐ **MEMBER LEAVING SERVICE AREA**

☐ **MEMBER RESIDES OUT OF SERVICE AREA**

☐ **WITHIN SERVICE AREA FOR MEDICAL CONTINUITY OF CARE**

☐ **FAMILY REQUEST**

☐ **OTHER – SPECIFY:**

COMMENTS/CURRENT MEDICAL CONDITION:
(Attach Medical Release, Current Plan of Care and Other Necessary Information)

AUTHORIZED SIGNATURE | TITLE | DATE

Effective Dates: 10/01/00, 01/01/16, 10/01/17, 09/15/21
Approval Dates: 10/01/11, 01/01/16, 07/25/17, 09/02/21

Member Name	Date of Birth	AHCCCS ID #

Receiving Contractor Information

Contractor Name

Fiscal County Name	Fiscal County Number	Provider ID #

Transfer: ☐ Approved ☐ Denied — Effective Enrollment Date

Authorized Signature	*Title*	*Date*

If approved, complete member information below and send this form to AHCCCS, as specified in AMPM Exhibit 1620-M. If request denied, return form to originator.

Member Information

Is this a change in Contractor within Maricopa County? ☐ Yes ☐ No

Is the change due to a move to a new county of fiscal responsibility? ☐ Yes ☐ No

Has the member physically moved to a new county of fiscal responsibility? ☐ Yes ☐ No

If YES, provide the new address below.

Effective Date of the Move: _____

Residential Address:					Facility Name (if applicable)
Phone #	Street	City	State	Zip	
Mailing Address (if different)	Street	City	State	Zip	

Type of Placement: ☐ Home & Community Based – Specify: _____

☐ Nursing Facility ☐ Other – Specify: _____

Effective Dates: 10/01/00, 01/01/16, 10/01/17, 09/15/21
Approval Dates: 10/01/11, 01/01/16, 07/25/17, 09/02/21

MEMBER NAME	DATE OF BIRTH	AHCCCS ID #

AHCCCS CONTRACTOR CHANGE REQUEST COORDINATOR USE ONLY

☐ **LOCAL OFFICE CONTACTED:** _____ _____ _____
NAME DATE INITIAL

☐ **LOCAL OFFICE CHANGES MADE:** _____ _____ _____
NAME DATE INITIALS

☐ **MFIS REFERRAL COMPLETED:** _____ _____ _____
DATE INITIALS

☐ **ENROLLMENT EFFECTIVE DATE ADJUSTED IN PMMIS:** _____ _____
DATE INITIALS

COMMENTS: _____

_____

_____

_____

Effective Dates: 10/01/00, 01/01/16, 10/01/17, 09/15/21
Approval Dates: 10/01/11, 01/01/16, 07/25/17, 09/02/21