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

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| ADDRESS: |  |

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

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

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

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