

Douglas A. Ducey, Governor
Thomas J. Betlach, Director

801 East Jefferson, Phoenix, AZ 85034
PO Box 25520, Phoenix, AZ 85002
Phone: 602-417-4000
www.azahcccs.gov



**AMERICAN INDIAN MEDICAL HOME
APPLICATION REQUEST FORM**

◆ *Mandatory Fields must be completed or information will be returned.*

◆ TYPE OF APPLICATION REQUEST

AIMH Application

Initial Application
Renewal Application

◆ PROVIDER NAME: _____

◆ PROVIDER ID # (6 digits):

◆ PROVIDER PHONE #: _____

◆ PROVIDER FAX #: _____

◆ CONTACT NAME: _____

◆ CONTACT PHONE #: _____

Return Fax # American Indian Medical Home 602-256-4667

***If this fax was received in error, please contact the Provider immediately at the Provider phone number above**