



STATE OF ARIZONA
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
PROMOTING HONESTY AND INTEGRITY
OFFICE OF INSPECTOR GENERAL

Douglas A. Ducey
Governor,
Jami Snyder
Director

GROUP BILLING AUTHORIZATION

Complete one authorization form for each provider and group.

I understand that I must notify AHCCCS, Provider Registration of any changes to the group billing arrangements 30 days in advance. Notification must include the effective date of change.

PLEASE TYPE OR PRINT IN INK.

1. I hereby authorize _____
(Group Name)

_____ to bill on my behalf for services provided to AHCCCS members
(Group ID Number/NPI Number)

for claims with dates of service on or after _____.
(Date of Group Affiliation)

(Signature)

(Date)

(Printed Name)

(Provider ID Number)

(NPI Number)