### Instructions for Attachment F:

1. **No.** The row number. If you require additional rows, insert the rows and number accordingly.
2. **HP ID #**: Health Plan Identification Number (ID#)
3. **GSA**: Geographic Service Area
4. **County Code**
5. **Provider Type**: If the provider is an AHCCCS registered provider insert the Provider Type (See AMPM Policy 610 for a list of provider types). If the Provider is not registered with AHCCCS at this time, place “XX” in the Column.
6. **AHCCCS Provider Identification No.**: Insert the AHCCCS assigned number identifying the provider. If the Provider does not have an identification number, leave row blank.
7. **Name**: The name of the provider or they are registered with AHCCCS.
8. **Address**: The address where the Provider is located.
9. **City**: The city where the Provider is located.
10. **State**: State where the Provider is located.
12. **Telephone**: The telephone number of the contact person.
13. **Contact Person**: The name of the person to contact.
14. **Services Provided**: For each provider listed, place a “Y” in the column to indicate which services are contracted to be provided (Attendant Care, Homemaker, Habilitation, Personal Care). A provider may provide more than one service.
15. **Agency with Choice (AWC)**: Place a “Y” in the column, if the provider offers the Agency with Choice service delivery model.
16. **Comments**: List any comments the Contractor has about the provider related to its AWC participation.

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<thead>
<tr>
<th>No.</th>
<th>HP ID #</th>
<th>GSA</th>
<th>County Code</th>
<th>Provider Type</th>
<th>AHCCCS Provider ID No.</th>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Contact Person</th>
<th>Services Provided</th>
<th>Comments</th>
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