



STATE OF ARIZONA
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

PROMOTING HONESTY AND INTEGRITY
OFFICE OF INSPECTOR GENERAL

Douglas A. Ducey
Governor,
Jami Snyder
Director

Revalidation Address Verification Form Instructions

As a part of the revalidation process, it is required that, the registered provider list all current addresses using the attached form.

Name Box: Requires the registered provider's *last name, first name, middle initial* or Company's Name (if registered as a company)

SSN: Social Security Number (SSN) provided, should belong to the registered provider (not required if registered as a company)

Gender: The appropriate box indicating the registered provider's gender (not required if registered as a company)

Date of Birth: List the registered provider's date of birth in a MM/DD/YYYY format (not required if registered as a company)

AHCCCS Provider ID #: The AHCCCS Provider ID# is the identification number assigned by AHCCCS (**AHCCCS provider identification number is mandatory in this field**)

NPI: List the National Provider Identification (NPI) number, belonging to the registered provider

Signature Box: Please note that this area can be signed and dated only by the provider or authorized signor that is on file with AHCCCS. If this area is not completed the form will be returned to the provider. (Also, you can refer to your copy of the registration packet – Section IV – for the authorized signor information). Stamped signatures are not acceptable.

Please Note: A W-9 (**Request for taxpayer identification number and certification**) form is required with each update submission.