



AHCCCS CONTRACTOR OPERATIONS MANUAL
201, ATTACHMENT A - AHCCCS NOTIFICATION TO WAIVE MEDICARE
PART D COPAYMENT

Fax to AHCCCS Member Contact and Data Unit (MCDU): mcdumemberescalations@azahcccs.gov

MEMBER NAME

DATE OF BIRTH

AHCCCS ID NUMBER:

TYPE OF MEDICAL INSTITUTION	DATE OF ADMISSION	AHCCCS PROVIDER ID NUMBER	NAME OF MEDICAL INSTITUTION

COMMENTS:

CONTRACTOR NAME

DATE

SUBMITTED BY

TITLE

PHONE NUMBER
