

## **Appeal of a Discharge Form**

The following information is necessary to file an appeal of transfer or discharge from a registered nursing facility. Please attach **discharge paperwork** from the nursing facility when submitting this form to the Office of the General Counsel.

**Name of Member transferred/discharged:** \_\_\_\_\_

**Name of Legal Representative (If Applicable):** \_\_\_\_\_

**AHCCCS ID # (if applicable):** \_\_\_\_\_

**Phone Number of Member/Representative:** \_\_\_\_\_

**Address of Member:**

\_\_\_\_\_  
\_\_\_\_\_

**Registered Nursing Facility responsible for transfer/discharge:**

\_\_\_\_\_

**Address of Facility:**

\_\_\_\_\_  
\_\_\_\_\_

**Phone Number of Facility:** \_\_\_\_\_

**Facility Point of Contact:** \_\_\_\_\_

If you have any questions or concerns regarding this form, please contact:

Address: Office of the General Counsel  
Arizona Health Care Cost Containment System Administration (AHCCCS)  
150 N. 18th Ave., MD 15013  
Phoenix, AZ 85007  
Phone: 602-417-4232  
Email: [NFdischarges@azahcccs.gov](mailto:NFdischarges@azahcccs.gov)