

## 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)  
801 E. Jefferson St., MD 6200  
Phoenix, AZ 85034  
Phone: 602-417-4232  
Email: [Nfdischarges@azahcccs.gov](mailto:Nfdischarges@azahcccs.gov)