

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 Administrative Legal Services.

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 Administrative Legal Services
Arizona Health Care Cost Containment System Administration (AHCCCS)
701 E. Jefferson St., MD-6200
Phoenix, AZ 85034
Phone: 602-417-4232
Email: Nfdischarges@azahcccs.gov