



**BlueCross
BlueShield
Arizona**

An Independent Licensee of the Blue Cross Blue Shield Association

Panel Addition Request Form
Fax to (480) 212-5860
Or email to
HCHEligibilityTeam@healthchoiceaz.com

Date: _____ Request Made By: _____

Provider ID number: _____ Provider Name: _____

Name & Address of Facility: _____ Telephone Number: _____

_____ Fax Number: _____

| AHCCCS ID NUMBER | Member's Name | Member's Date of Birth | Date of Service MM/DD/YY | For Office Use Only | |
|---------------------|---------------|---------------------------|-----------------------------|--------------------------------------|------------------------------------|
| | | | | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
| | | | | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
| | | | | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
| | | | | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
| | | | | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |
| | | | | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> |

PCP or Office Manager Signature: _____ Date: _____

If you have any questions please contact your Network Services Representative at 1.800.322.8670

Comments:

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