**Request is for member above to be transported to the following:**

<table>
<thead>
<tr>
<th>Member's ID number</th>
<th>Members Name</th>
<th>Date of Appointment</th>
<th>For HCA only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of Appointment:**

**Reason for Out of County Service:**

**FOR HCA USE ONLY**

Confirmation Sent to Provider:  

Reference #:  

Comments:

**For General provider assistance please call (480) 968-6866 or 1-800-322-8670**

This message is PRIVILEGE and CONFIDENTIAL and is intended only for the use of the individual or entity to which it is addressed. It may contain Protected Health Information that is privileged, confidential or exempt from disclosure under applicable law. Protected Health Information may be used or disclosed in accordance with law and you may be subject to penalties under law for improper use or further disclosure of the Protected Health Information in this transmittal. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.