AHCCCS Fax Cover Sheet

| | | | Date: | | |
|--|--|--|--|------------|--|
| St | for Contracto S Contact Ph E-I Rece Receipient S Transplant o Stage | or and Facil Submitted Inone Numb mail addres eipient Nan AHCCS ID Case Numb e Description & Stage Nan tes of Servion orges for Sta | ty By er ss ne # er on ne ge ge | | |
| | | Box A2 Listing of Non-Payble Charges due to OPFS: CRN(s) listed in numerical order by form type | | Reir Ye | nsuarance Action Request Form Attached es No |
| Total \$ Spread Sheet Attached Yes | | Total \$ | | | _ |
| Submissions must include the acility Invoice, Proof of Paym | ent, Facility | Claims (n | oted by forms type), L contracted facility. | etter | of Agreement. (if place |
| Box B minus Box A2 must equal Box C Box B TBC from Attached Claims Box C TBC from PMMIS Screen | | | | | |
| Attached Form 1 Total \$ | | | RII 15 Frorm 1 Tota | | |
| Attached Form 0 Total \$ | | | RII 15 Frorm O Tota | l \$ | |
| Attached Form A Total \$ | | | RII 15 Frorm A Tota | l \$ | |
| Attached Form C Total \$ | | | RII 15 Frorm C Tota | .l \$ | |