

AZPC Claims Issue Log

*Note: Prior to submitting this form please validate that the original claim submission date is more than 60 days (check in EZ-Net/AZ Connect) and that the original claim was submitted to Arizona Priority Care's address.



Group/Vendor Name:	(For AZPC Use Only)
Group/Vendor TIN:	AZPC Provider Rep Name:
Date sent to AZPC:	AZPC Provider Rep Phone:
Contact Name:	
Contact Phone:	AZPC Provider Rep Email:
Contact Fax:	
Contact Email:	

DOS	Member ID#	Claim #	Date Claim Received by AZPC	More than 60 days since submission?	Provider Name	Provider Type	Total Amount Billed	Claim Submission Type	Type of Claim Form	HIPPS Codes Used	Claim Issue Type	Notes