

Please ensure that the original claim submission date exceeds 60 days by checking in EZ-Net/AZ Connect, and confirm that the original claim was submitted to the Arizona Priority Care address before submitting this form.

<b>Group/Vendor Name:</b>	<b>TIN:</b>	<b>Date Sent to AZPC:</b>
<b>Contact Name:</b>	<b>Contact Phone:</b>	
<b>Contact Email:</b>	<b>Contact Fax:</b>	

DOS	Member ID	Claim Number	Date Claim Received by AZPC	Over 60 Days Since Submission? (Y/N)	Provider Name	Total Amount Billed	Claim Submission Type	Type of Claim Form	HIPPS Codes Used	Claim Issue Type
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<i>For AZPC Use Only</i>		
<b>PR Rep Name:</b>	<b>PR Rep Phone:</b>	<b>PR Rep Email:</b>