

# HEALTH | CHOICE

**Panel Addition Request Form**  
**Fax to (480) 212-5860**  
**Or email to HCH.EligibilityTeam@steward.org**

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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