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AMPM Policy 520, Attachment B, Out of Service Area Placement Request
Submit Completed Form To: OutofServiceAreaPlacement@azahcccs.gov

What is an Out of Service Area Placement: When an existing member is positively being placed to an out of area/GSA (based on member's home address in the PMMIS system) facility. Please fill out this form and submit it to the email address above for processing.

**Forms not filled out completely will be returned.
If an email is sent without the form, it will be returned for submission of the form.**

RBHA or TRBHA Information

*RBHA or TRBHA Name: _____

*Contact Name: _____

*Contact Phone Number: _____

*Contact Email: _____

*Effective Date of Transfer: _____

NOTE: The effective date will be that of notification, no retroactive dates will be performed.

*End Date of Transfer: _____

NOTE: The end date is required

*Reason for Transfer: _____

Member Information

*Member Name – First/Last: _____

*Member DOB: _____

*Member AHCCCS ID: _____

*Member CIS ID: _____

*Member Home Address: _____

Benefit: Submitting prior to any other transactions will result in a quicker turnaround time, as well as, preventing the member's RBHA or TRBHA assignment from automatically reverting back to the incorrect RBHA or TRBHA, which will then result in having to get the other RBHA or TRBHA involved.