



Fax to AHCCCS Member Contact and Data Unit (MCDU): mcdumemberescalations@azahcccs.gov (602) 252-6536

MEMBER NAME: _____ AHCCCS ID NUMBER: _____

DATE OF BIRTH: _____

Type of Medical Institution	Date of Admission	AHCCCS Provider ID Number	Name of Medical Institution

Comments: _____

Contractor Name: _____ Date: _____

Submitted By: _____

Title: _____

Phone Number: _____