



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/Geographical Service Area (GSA)¹ (based on member's home address in the Pre-paid Medicaid Management Information System [PMMIS]² system) facility. ~~Please f~~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 INFORMATION

*RBHA 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

*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 assignment from automatically reverting back to the incorrect RBHA, resulting in additional coordination with the incorrect RBHA.

¹ Adding meaning behind the acronym

² Adding meaning behind the acronym