Reserved[1]

Contractor: _____ Quarter: 1☐ 2☐ 3☐ 4☐

Person Submitting: _____ Date: _____

Phone Number: _____ Line of Business: _____

Last Name	First Name	AHCCCS ID	Date of Birth MM/DD/YYYY	Date of Incident or Service MM/DD/YYYY	Hospital or Setting (Use Proper Name of Provider)	HCAC	OPPC	Was there a quality of care concern?	Severity Level
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[1] Attachment B is being reserved the information can be reported through the AHCCCS data warehouse

Effective Dates: 10/01/13, 07/01/16, 09/20/17, 10/01/20
Approval Dates: 10/01/15, 10/01/16, 07/20/17, 08/20/20

OPEN UNTIL 6/14/21