

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: _____

_____ P YH19-0001
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, **resulting in additional coordination with the incorrect RBHA or TRBHA.** ¹

¹ Revised for clarity