



This form is to be used to update Provider Network Organization, Assigned Agency, or Assigned Single Point of Contact information for GHM/SA/SMI members currently enrolled who need this information added to their file or for members changing service Agency, or Single Point of Contact assignment. In order to process this form, all fields must be complete and FAXED to Mercy Maricopa at 844-424-3975.

PNO OR AGENCY CHANGES REQUIRE THE SIGNATURES OF BOTH AGENCIES TO COMPLETE TRANSFER

(1*) Reason for Transfer or Special Instructions: _____

Member Information

(2) Member AHCCCS ID#: _____ (3) Social Security Number: _____
(4) Member Name: _____ (5) Date of Birth: _____
(6) Intake Date: _____ (7) Effective Date of Change: _____

The Effective Date of Change is the Actual Date of the Transfer of Clinical Responsibility

(8) Current PNO: _____ (9) New PNO: _____
(10) Current Agency: _____ (11) New Agency: _____
(12) Current Single Point of Contact: _____ (13) New Single Point of Contact: _____

Contact Information

(14) Person Completing Form: _____ (15) Agency: _____
(16) Phone Number: _____ (17) Fax Number: _____

Signatures are Required for Assigned Agency Transfer or Changes

Transferring Agency

(18) Signature: _____ (19) Date: _____
(20) Name: _____

Receiving Agency

(21) Signature: _____ (22) Date: _____
(23) Name: _____

**Number correlates to field number in user instructions.*