Prov Add

AzAHP

Line of Business	Effective Date	Provider TIN	Provider GNPI	Provider Type	Provider Specialty	AZ License #	AZ License Exp Date	AHCCCS ID#	AHCCCS Provider Type	Medicare #	Malpractice Policy #	Malpractice Exp Date	Practice Name	Practice Address, City, St, Zip	County	Phone	Fax	Hours of Operation	Primary Location (Y/N)	Print in Directory (Y/N)	Panel Limits - *Default OPEN*	Gender Limitation - *Default NONE*	Panel Age	Billing Name	Billing Address, City, St, Zip	Billing Phone	On Delegated TIN list? Y/N (If applicable)

AzAHP_ProviderRoster (002)
Pract Add

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Current/Trigger Cred	Line of Business	Affiliation Start Date	Last Name	First Name	Middle Initial	Title/Degree	CAQH ID	Specialty	PCP/Specialist?	Board Certified	Board Cert Start Date	Board Cert Exp Date	Social Security	DOB	SEX (M/F)	AZ License #	AZ License Exp Date	AHCCCS ID#	AHCCCS Provider Class X Code	Individual NPI #	Medicare #	DEA#	DEA Exp Date	Malpractice Policy #	Malpractice Exp Date	Hospital Privileges 1	Hospital Privileges 2	Provider Name	Provider TIN	Provider GNPI	Practice Name	Address	Address2	City	State	Zip Code	County	Office Designation	Phone	Fax	Hours of Operation	Primary Location (Y/N)	Print in Directory (Y/N)	Panel Limits - Default NONE	Gender Limitations

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AzAHP Provider Roster (CHANGE)

Last Name	First Name	Middle Initial	AZ License #	AZ License Exp Date	Specialty	AHCCCS ID#	Individual NPI #	Medicare #	Social Security	DEA#	DEA Exp Date	Malpractice Policy #	Grp Eff Date	Grp Tin	Practice Address, City, St, Zip	County	Phone	Fax	*Change/Update

*Please provide detail (specific information) about the change being requested (e.g. address change, new address, etc.)

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Term

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First Name	Middle Initial	AZ License #	AZ License Exp Date	AHCCCS ID#	Individual NPI #	Medicare #	DEA#	DEA Exp Date	Malpractice Policy #	Termination Eff Date	Grp Tin	Practice Address, City, St, Zip