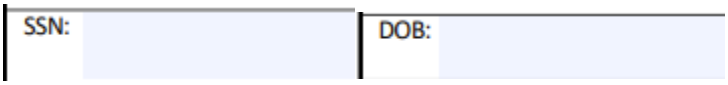
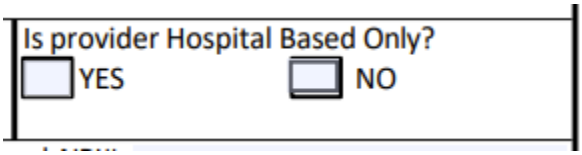
AZAHP Practitioner Data Form – Tip Sheet

Personal Information

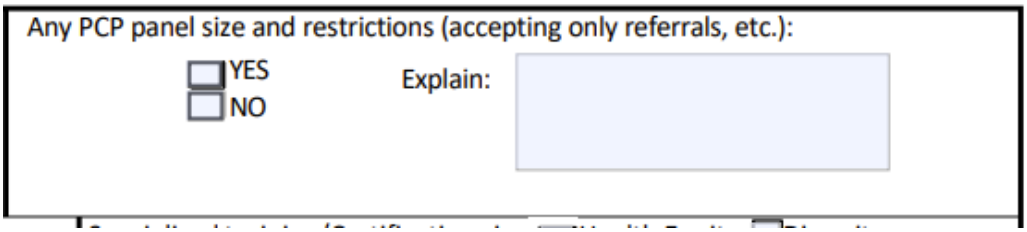
1. Provide the practitioner's complete Social Security Number (**SSN**) and Date of Birth (**DOB**).



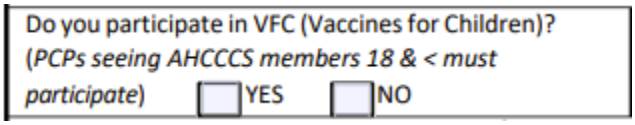
2. Select "Yes" only if you serve as a **hospitalist** or are employed directly by a hospital facility.



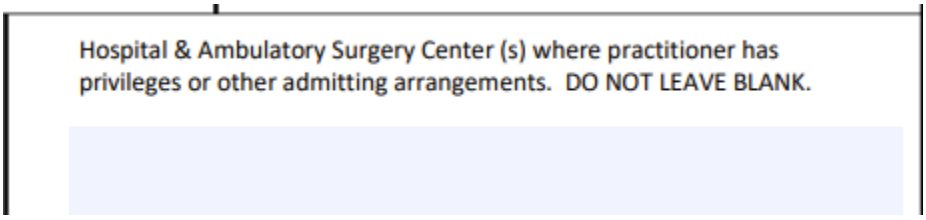
3. Indicate whether you have any **PCP panel size restrictions** by selecting "Yes" or "No."



4. If you are a PCP, please specify your participation status in the **VFC program**.



5. List all **hospitals and ambulatory surgery centers** where you maintain clinical privileges, if applicable.



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6. Complete the **insurance requirements** section in full, or attach supporting insurance documentation

Commercial General Liability	**Professional Liability**
☐ ATTACHED ☐ NA	☐ ATTACHED
POLICY NUMBER: **EFF DATE:**	**POLICY NUMBER:** **EFF DATE:**
General Aggregate $2,000,000 Products Ops Aggregate $1,000,000 Personal & Adv. Injury $1,000,000 Damage to Rented Premises $50,000 Each Occurrence $1,000,000	Each Claim $1,000,000 Annual Aggregate $2,000,000
Business Automobile Liability	**Workers' Compensation Liability**
☐ ATTACHED ☐ N/A	☐ ATTACHED ☐ N/A
POLICY NUMBER: **EFF DATE:**	**POLICY NUMBER:** **EFF DATE:**
Combined Single Limit $1,000,000	Each Accident $1,000,000 Disease – Each Employee $1,000,000 Disease – Policy Limit $1,000,000

7. **Billing Service** address must be a physical street address. PO Box addresses are not acceptable, as physical addresses are required for claims processing.

BILLING SERVICE (if applicable)	Name:		Contact:	
	Address:			Phone:
	City:	State:	Zip Code:	Fax:

Location Information

8. Please add **Group Practice Name** in the designated field.

Group Practice Name (DBA) if applicable:

9. Include current facility **phone number** and **fax number**.

Phone:	Fax:

10. Always confirm whether you wish to be listed in the **provider directory for each practice location**.

List Practitioner in Directories at this address? ☐ YES ☐ NO

11. Please make sure to send in all mandatory information in the AzAHP Practitioner Data Form for timely processing.