Organizational/Facility Application – Tip Sheet

Organizational Information

1. Enter the **Organizational/Facility Name/DBA** in the designated field.

Organizational/Facility Name/DBA (if applicable):	

2. Submit the **Effective Date associated with the TIN** in the corresponding field.

Effective Date with TIN:	

3. Supply the applicable **License #** in the respective field**.**

License #	

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

Appointment Phone (will be listed in directory)	Fax

5. **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		
Name of Service:	Contact Name:	
Address:	Phone:	
City:	State:	Zip Code:

6. Please make sure to send in all mandatory information in the AzAHP Organizational/Facility Application for timely processing.