



Transportation Referral Form

Fax to (877) 433-9835

Or e-mail to comments@healthchoiceaz.com

****Please Allow Up to 72 business hours for Processing****
Transportation Referral Questions please call 1-866-422-0226

Date: _____ Request Made By: _____

Your Provider Name: _____

Your Phone # _____ Your Fax # _____

****4 business day advance notice is required for transportation****

Member's ID number	Members Name	Date of Appointment	For HCA only
			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

***Request is for member above to be transported to the following:

Provider/Facility Name: _____ Provider Phone # _____

Type of Appointment: _____ Appointment Time: _____

Destination Address: _____

Reason for Out of County Service: _____

FOR HCA USE ONLY

Confirmation Sent to Provider : Yes No Date Sent: _____

Reference #: _____

Comments: _____

For General provider assistance please call (480) 968-6866 or 1-800-322-8670

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