

Dear Valued Provider:

Blue Cross Blue Shield of Arizona Health Choice requires that all contracted providers complete and submit the AHCCCS EPSDT Clinical Sample Template or approved equivalent form (medical records from the electronic health record) for completed well visits for members 0 to 21 years in accordance with the AHCCCS EPSDT and Dental Periodicity Schedules.

The EPSDT Clinical Sample Templates and Periodicity Schedules can be found online via the AHCCCS Medical Policy Manual (AMPM) 430. Clinical Sample Templates can be downloaded and printed.

www.azahcccs.gov/shared/medicalpolicymanual/

If paper copies of the Clinical Sample Templates are preferred, please complete the order form on page two of this document.

The Clinical Sample Template or equivalent form can be sent directly to the EPSDT Program by:

- **Fax:** (480) 760-4719 or
- **Email:** HCEPSDTCHEC@azblue.com

Please submit forms to the EPSDT Program as soon as possible after completion of a well child visit so that the EPSDT coordinators can review the forms and provide outreach to members, parents, or health care decision makers as quickly as possible. The EPSDT coordinators request that these be submitted at least weekly, if possible.

EPSDT CLINICAL SAMPLE TEMPLATES ORDER FORM

Fax Order Forms to: (480) 760-4716

or

Emailed to: HCEPSDTCHEC@azblue.com

Provider Name:	Contact Person Name:
Healthcare Facility:	Phone Number:
Physical Address:	
Mailing Address: if different than physical address	

Forms come in packets of 25. Please indicate age groups and circle the number of packets per age group that you are requesting. If you have multiple locations under your practice, submit a separate request form for each location.		
3-5 Days Qty: 1 or 2	24 Months Qty: 1 or 2	6 Years Qty: 1 or 2
1 Month Qty: 1 or 2	30 Months Qty: 1 or 2	7-8 Years Qty: 1 or 2
2 Months Qty: 1 or 2	3 Years Qty: 1 or 2	9-12 Years Qty: 1 or 2
4 Months Qty: 1 or 2	4 Years Qty: 1 or 2	13-17 Years Qty: 1 or 2
6 Months Qty: 1 or 2	5 Years Qty: 1 or 2	18-21 Years Qty: 1 or 2

These EPSDT Clinical Sample Templates are being dispensed for use during well visits for Blue Cross Blue Shield of Arizona Health Choice enrolled members. Please contact other AHCCCS health plans to request copies for their enrolled members.

Requests will be processed within 5 business days. If you have any questions, please contact EPSDT Pediatric Clinical Services / EPSDT Program by phone at (480)760-4697 or by email at HCEPSDTCHEC@azblue.com