Contractor's Legal Name: _____
DBA, if applicable: _____
Contractor Line of Business: _____
Deliverable Due Date: _____

Provider/Entity Name*	Provider's Place of Service AHCCCS ID#*	Complete List of AHCCCS Provider ID#s*	Location/Site	Provider Type	New or Follow-up	Audit Type	Audit Look-Back Period	Codes	What is to be included in the Audit
Provider Name			*Physical Address of Provider's Place of Service*	*Example: Outpatient (77)*	*N/F*	*Example: onsite, desk audit, remote*	*From: To:*		*Example: Codes to be Reviewed, Area, Visit Types, Department, etc.*

Total number of providers in-network:	

* When a group/agency/entity/hospital is to be audited, list each individual provider included in the audit with corresponding ID#s.