



2700 N. Central Ave., Suite 810  
Phoenix, AZ 85004

Phone: 602-252-4042 or 800-624-4277  
www.azfmc.com

# Fee Schedule Request Form

Please provide Arizona Foundation with the following information and fax to Provider Relations at 602-495-8684 or email to [ProviderRelations@azfmc.com](mailto:ProviderRelations@azfmc.com).

Upon receipt, Arizona Foundation will price your codes accordingly and fax back to you. If you have any questions, please contact us at 602-252-4042 or 800-624-4277. Please allow three business days for processing.

**Please note:** This is an interactive pdf. It is designed to be completed electronically. Please fill out the fields on your computer, print, sign, then fax or email back to AFMC.

Please select **one** out of the three below; **fill out the information** below; and **submit documentation** that supports your request:

- Superbill
- Invoice
- Listing of commonly billed codes

### Important Information!

**It is imperative that supporting documentation accompany your request.**

**Fee Schedule Request Forms without this documentation will not be processed and sent back to the originator.**

**In order to expedite your request, please submit ONE form with multiple codes. Do not submit one form per one code unless you need fees for only one code.**

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

Corporation or Practice Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_