



Arizona Foundation for Medical Care
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Renewal Rates Form

Please fill out all the fields in this form, print, sign and fax to 602-417-2871.

Allow 3-5 business days for processing.

A letter containing your client's renewal rates will be e-mailed to you via AFMC's secure e-mail portal or by mail. It is important to fill out your contact information completely.

Should you have any questions, please contact AFMC at 800-624-4277.

Today's Date:

Group Name:

Renewal Date:

Number of Lives:

AFMC Network Plan:

Medical Mgmt. Services:

Comments:

Your Name:

Company:

Address:

City, State and Zip Code:

Phone:

E-mail:

Fax:

Signature
