

How to request EPSDT Clinical Sample Templates

The Arizona Health Care Cost Containment System (AHCCCS) Early and Periodic Screening, Diagnostic and Treatment Program (EPSDT) Clinical Sample Templates are designed to help you collect information about screening and visits for AHCCCS members under age 21.

You can either use the AHCCCS form, or an equivalent form approved by UnitedHealthcare Community Plan. Please note that if you use an alternate form, it must include all the same components as the AHCCCS EPSDT Clinical Sample Templates.

Getting the EPSDT forms you need

Please use the EPSDT Clinical Sample Templates. You may use an electronic EPSDT form generated through AHCCCS (once available) or through your electronic health record system.

You can get the AHCCCS EPDST tracking forms in any of the following ways:

- Go to azahcccs.gov/shared/MedicalPolicyManual/ > Attachment E - AHCCCS EPSDT Clinical Sample Templates to download and/or print forms
 - You can also find them at UHCprovider.com > [AHCCCS EPSDT Clinical Sample Templates](#)
- Order hard copies from UnitedHealthcare Community Plan by:
 - Calling **888-664-2777** (leave a detailed message)
 - Faxing the EPSDT forms order found on the next page to 844-236-1507

Recording EPSDT information

You must enter the EPSDT information for each well-child visit in the member's medical record and send a copy to 1 of the following:

- Mail: UnitedHealthcare Community Plan Quality Management
1 E. Washington Street, Suite 900
Phoenix, AZ 85004
- Fax: You can fax the information to 844-236-1507

Additional resources

Go to brightfutures.org > [National Health Promotion Initiative](#) for health guidelines to help you provide care for infants, children and adolescents.

We're here to help

If you have questions, please call Provider Services at **800-445-1638**. Thank you.

EPSDT forms order

To order EPSDT forms, please call **888-664-2777** or fax this form to 844-236-1507. Please complete 1 request per physician. Complete all required fields with an asterisk to help ensure your request is processed in a timely manner.

*Provider ID number:

* City, state, ZIP code:

*Physician name:

* Phone number

Attn:

*Fax number:

*Address:

EPSDT form number	Form name EPSDT CLINICAL SAMPLE TEMPLATE TYPE	Number of packs requested (50 forms per pack)
919-2121	AZ EPSDT CST FM 3-5 DAYS	
919-2122	AZ EPSDT CST FM 1 MONTH	
919-2123	AZ EPSDT CST FM 2 MONTHS	
919-2124	AZ EPSDT CST FM 4 MONTHS	
919-2125	AZ EPSDT CST FM 6 MONTHS	
919-2126	AZ EPSDT CST FM 9 MONTHS	
919-2127	AZ EPSDT CST FM 12 MONTHS	
919-2128	AZ EPSDT CST FM 15 MONTHS	
919-2129	AZ EPSDT CST M 18 MONTHS	
919-2130	AZ EPSDT CST FM 24 MONTHS	
919-GPM000535	AZ EPSDT CST FM 30 MONTHS	
919-2131	AZ EPSDT CST FM 3 YEARS	
919-2132	AZ EPSDT CST FM 4 YEARS	
919-2133	AZ EPSDT CST FM 5 YEARS	
919-2134	AZ EPSDT CST FM 6 YEARS	
919-2135	AZ EPSDT T CST FM 7 to 8 YEARS	
919-2136	AZ EPSDT CST FM 9 to 12 YEARS	
919-2137	AZ EPSDT CST FM 13 to 17 YEARS	
919-2138	AZ EPSDT CST FM 18 to 21 YEARS	