

AHCCCS MEDICAL POLICY MANUAL

POLICY 430 - ATTACHMENT E - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATES

24 MONTHS OLD - AHCCCS EPSDT CLINICAL SAMPLE TEMPLATE

Date	Last Name	ı		First	Name	1	AHCCC	S ID#		DOB	Age	
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Primary Care	e Provider		CP ph. #		th Plan		npanied B			Kei	ationship	-
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by PCP (Every	-			•		,	-,,					
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