

4750 S. 44th Place, Suite 150
Phoenix, AZ 85040



Provider Supply Order Form
AHCCCS EPSDT Clinical Sample Template Forms
Effective Date: 10/01/2024

Please fax request to: 860-975-3201
Network Management Department
Mercy Care

Provider office:	
Requestor name:	
Telephone number:	
Address:	

EPSDT Forms (50/Pk)	1 Pk.	2 Pk.	3 Pk.
3-5 Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nine months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Five years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Six years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-8 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-21 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>