

**PROVIDER NOTICE:**  
**Provider Manual Revision**

*Maricopa County Regional Behavioral Health Authority  
Magellan Health Services of Arizona, Inc.*

## **Provider Notice**

### **Revised PM Form 7.5.1 Maricopa Demographic Form**

**Date: February 15, 2010**

**Notice Number: 121**

In accordance with ADHS/DBHS guidelines, providers are required to comply with the updated policies and procedures presented in provider notices. Where applicable, this information is incorporated into the ADHS/DBHS Provider Manual, Magellan Health Services of Arizona Edition. The full provider manual and provider notices are available at the [For Providers](#) area of Magellan's Web site, [www.MagellanofAZ.com](http://www.MagellanofAZ.com).

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#### **Revised PM Form 7.5.1 Maricopa Demographic Form**

Attached for your review is the updated PM form 7.5.1 Maricopa Demographic form. This form is effective February 15, 2010, and will be posted to the Provider Manual shortly.

[Maricopa Demographic form 7.5.1](#)

*If you have any questions about this provider notice, please contact your provider relations liaison.*

