



Maricopa County Regional Behavioral Health Authority (RBHA)
Provider Staff Add/Change/Delete Form
Fax completed form to 602-273-2330

Use this form to notify Magellan Health Services of Arizona, the Maricopa County RBHA, of any changes to your Provider Agency staff.

Please complete and return this form within one business day of the change.

Provider Agency Name: _____

Provider Agency TIN: _____ Provider Agency MIS #: _____

Reason: [] Add Staff Member [] Change Staff Member Information [] Remove Staff Member

Today's Date: ___/___/___ Date of Change: ___/___/___

Staff Member Information

Last Name: _____ First Name/Middle Initial: _____

Provider MIS Number (if known): _____

Date of Birth: ___/___/___ Credentials (if applicable): _____

DEA Number (if applicable): _____ Job Title: _____

NPI: _____ Staff Member AHCCCS ID (if applicable): _____

Staff Member Type (check all that apply):

- [] Licensed Professional License #: _____ [] Serves as a Clinical Liaison
[] Behavioral Health Technician [] Performs Initial Assessments
[] Behavioral Health Paraprofessional [] Driver (Transportation Only)
[] Peer Support Staff [] Other: _____

Service Address: _____ Hours Per Week at Location: _____

City/State/ZIP: _____ Phone: _____

Participation:

- [] Add this Staff Member to this Location [] Remove this Staff Member from this Location

Service Address: _____ Hours Per Week at Location: _____

City/State/ZIP: _____ Phone: _____

Participation:

- [] Add this Staff Member to this Location [] Remove this Staff Member from this Location

Service Address: _____ Hours Per Week at Location: _____

City/State/ZIP: _____ Phone: _____

Participation:

- [] Add this Staff Member to this Location [] Remove this Staff Member from this Location

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