

To view this email as a web page, go [here](#).

PROVIDER NOTICE:
Provider Manual Revision

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

Dear Provider,

Magellan would like to inform you of a correction made to the provider notice sent Friday, January 23, 2009, titled "Provider Notice 58: Instructions for Completing Form 7.5.1; Demographic Form." Please note that the notice contained some incorrect contact information. If you have questions regarding the form, please contact Magellan Health Services of Arizona at **(602) 652-5836** NOT (602) 797-8262 as previously communicated.

Please see below to view the original notice, which includes the correct phone number in bold.

We apologize for the inconvenience and thank you for your cooperation.

Provider Notice

Instructions for Completing Form 7.5.1; Demographic Form

Date: January 23, 2009

Notice number: 58

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.

Magellan has revised Form 7.5.1, the Demographic Form. Please be advised that these revisions are effective Monday, January 26, 2009. Provider Notice #57: Revision to Form 7.5.1; Demographic Form, sent Thursday, January 22, 2009, discussed the changes to the form. This provider notice provides revised instructions on how to properly fill out the form. To view the instructions, please click the hyperlink below.

7.5.1 Instructions on how to fill out the Demographic Form

*If you have questions about the form,
please contact Magellan Health Services of Arizona at (602) 652-5836.*

