



326 E. Coronado Rd.
Phoenix, AZ 85004
800-624-4277
www.azfmc.com

Arizona Foundation for Medical Care will need the information below to update our database and to send statement of services, invoices and other misc. communications when necessary.

Date: _____

Operations Contact

Primary Contact:

Company Name: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Secondary Contact:

Company Name: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Accounts Payable Contact

Please indicate below if you do not require the monthly Statement of Services sent to you.

Primary Contact:

Company Name: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Secondary Contact:

Company Name: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

We do not require a copy of the Statement of Services.