



Banner  
University Health Plans

### **EPSDT / Well-Child Visits – Clinical Sample Template**

All providers offering care to AHCCCS members under 21 years of age, *shall* use the AHCCCS EPSDT Clinical Sample Template to document age-specific, required information related to the EPSDT / Well-Child screenings and visits.

Alternatively – The provider’s Electronic Health Record may be used, so long as it includes ALL components present on the age-specific AHCCCS EPSDT form.

- **To download EPSDT Tracking forms**, navigate directly to the AHCCCS website at: [www.azahcccs.gov](http://www.azahcccs.gov) → shared → Medical Policy Manual → 430\_AttachmentE  
Or, click on the link [AHCCCS EPSDT Well-Child Visit Forms](#).
- **For each EPSDT/Well-Child visit, a copy of the completed and signed (by the clinician) EPSDT Tracking Form (or appropriate EHR), must be:**
  - **Placed in the member’s medical record AND**
  - **Sent to the member's Health Plan**

Timely submission of EPSDT/Well-Child visit forms is very important to member care coordination. Submitting the visit forms (or copy of suitable EHR equivalent) to the Health Plan soon after the well-child visit allows us to:

- Member outreach by the plan, for follow-up and facilitation of referrals made during your care.
- Resolution of potential barriers to care.
- Engagement with other health plan teams/ resources to support the member and family.

### **Submitting EPSDT / Well-Child Visit Forms**

There are three easy ways to submit your EPSDT forms or EHRs after a visit.

**Secure email:** [BUHPEPSDTForms@BannerHealth.com](mailto:BUHPEPSDTForms@BannerHealth.com)

**Secure Fax:** ( 5 2 0 ) 8 7 4 – 7 1 8 4

**US Mail:** Banner University Health Plans  
Attn: EPSDT  
5255 E. Williams Circle Ste 2050  
Tucson, AZ 85711