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DCSS - SOUTH MCPA
PO BOX 40458
PHOENIX, AZ 85067-0458

(602) 252-4045

DRAFT

CUSTODIAL TEST TEST
1901 W MADISON ST APT 00000
PHOENIX, AZ 85009-5287

October 15, 2024

Katie Hobbs
Governor

Angie Rodgers
Director

RE: CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST
AZCARES No.: 001428730400

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

Confirmation Of Health Coverage

The Division of Child Support Services (DCSS) is authorized by Federal Regulations (45 C.F.R. §§ 303.30 and 303.31) and A.R.S. § 25-534, to ensure that medical insurance coverage is provided for your child(ren). We are sending you this notice to get information from you to update our medical records.

Please confirm that your child(ren) has coverage by providing the information requested on the attached form. Please complete as much information as possible, sign and date this form, and return it to the address listed above, within ten (10) business days. If a response is not received, and you are the party ordered to provide medical coverage, we will issue a National Medical Support Notice to your current employer. This notice will direct the employer to enroll your child(ren) in an available health plan.

If you are not the ordered party, you can ask for an Administrative Review. The request must be in writing, signed by the requesting party, and include the requester's residential and mailing addresses. The request must also state the basis for the dispute and must include any relevant information that will assist the DCSS, including a copy of the most recent court order issued.

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcss.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

AZCARES Case No.: 001428730400

Health Insurance Information

Insurance Company Name		Phone No.	Fax No.
Insurance Company Address(No.,Street,City,State,ZIP)			
Policy/Member No	Group No	Coverage: From:	To:
What services are covered under this Policy?(Mark all that apply) Health Dental Vision All			

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Child(ren) Covered By Medical Insurance

Child Name(Last, First, MI)	Birthdate	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthdate	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthdate	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthdate	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthdate	Sex	Child SSN	Tribal Census No.
Child Name(Last, First, MI)	Birthdate	Sex	Child SSN	Tribal Census No.

Is the Policy provided by AHCCCS? Yes No	Is the Policy provided through employer? Yes No Employer Name: Employer Address:
Date	Signature