



**ATTENTION!**

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**PROVIDER FORUM INVITATION**

October 9, 2018

To: Dental and Medical Providers, Staff and Billing Staff  
 From: Care1st Network Management

Please join us at one of our Medical/Dental Forums at the locations below. We will review topics outlined below, be available for questions and to generally meet with you. Care1st will have representatives from multiple areas in attendance to assist and answer any questions.

\*\*\*\***Note:** This provider forum is for Medical and Dental Providers in the Northern Geographical Service Area and Central to include Gila county\*\*\*\*

Care1st will raffle various prizes (*must be present to win*); provide useful updates, and food.

**Option 1**

**Monday October 29, 2018 11:00 AM – 1:00 PM**

**Location: Quality Inn**

**271 Lake Havasu Ave. S**

**Lake Havasu, AZ 86403**

**Option 2**

**Tuesday October 30, 2018 11:00 AM – 1:00 PM**

**Location: Cottonwood Recreation Center**

**150 S 6<sup>th</sup> St**

**Cottonwood, AZ 86326**

Topics are Medical and Dental Focused:

1. AHCCCS Updates
2. Health Plan Information
3. Prior Authorization Guidelines and Transition
4. Medical Claims
5. Dental Claims
6. Other Helpful Topics

Please RSVP for a maximum of 2 representatives per office.

If you are unable to attend in person and wish to attend via Webex, provide your email address in the table below and a webinar registration email will be sent to you followed by a calendar invite with the link and instructions.

We hope you will attend!

PLEASE RSVP BY Thursday, **October, 17, 2018**

Fax: 602.224.4365 Phone: 602.474.1354 Email: SM\_AZ\_PNO@Care1stAZ.com

PLEASE COMPLETE THE INFORMATION BELOW & SUBMIT BY FAX, PHONE OR EMAIL EVEN IF YOU ARE UNABLE TO ATTEND SO WE MAY SCHEDULE A LATER MEETING AT YOUR OFFICE!

| <u>ATTENDEE NAME</u><br><i>Please print ☺</i> | <u>PHONE# - FOR IN-PERSON</u><br><u>EMAIL – FOR WEBINAR</u> | <u>SPECIALTY</u> | <u>IN-PERSON</u><br>(Y/N) | <u>WEBINAR</u><br>(Y/N) |
|---|---|------------------|---------------------------|-------------------------|
|   |   |                  |                           |                         |
|   |   |                  |                           |                         |
| <u>PHYSICIAN/PRACTICE NAME</u>                |   |                  |                           |                         |
| <u>TAX ID</u>                                 |   |                  |                           |                         |