Missed Medical Appointment Log
Please fill out and fax weekly

Please print

Date	Practice Name	City

Provider Name	Provider ID

Member Name	DOB	AHCCCS ID	Missed Appointment Date	Appointment Type*

*Appointment Type: EPSDT/Well Child, Well Adult, Sick, Follow Up to Sick, Urgent Care or ER, Other - specify

Please Fax to: Member Services at (480) 760-4708 or
E-mail to: comments@healthchoiceaz.com

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