



# Exhibit 3.5.2 – Dental Missed Appointment Log

## Missed Dental Appointment Log

Please fill out and fax weekly

Please print

Date	Practice Name	City
Provider Name		NPI

Member Name	DOB	AHCCCS ID	Missed Appointment Date	Appointment Type*

\*Appointment Type: New Patient, Recall, Restorative, Emergency

Please Fax to: EPSDT Department at 480-760-4716 or  
 E-mail to: HCHEPSDTChc@healthchoiceaz.com

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