



Member Appointment No-Show Notification

Please fill in all applicable information then fax this form to Provider Services at **(831) 430-5857**.

Member's Name _____ Phone _____

Alliance ID# _____ DOB _____ Appt. Date _____

Type of Appointment: Well Child / Physician Exam / Annual Follow Up
Routine Office Visit Illness Immunizations New Patient
Consult Post-Partum Prescription Blood Pressure Check
Follow-Up on Pregnancy
Other _____

Was member reminded of appointment by: Mail No Mail OR Phone No Phone

What have you done to follow up with the patient?

Provider Name _____ Fax _____

Provider Staff Contact Name _____ Date _____

Alliance Follow-Up

Member Service Representative (MSR) reports: _____

Attempted contact by phone? No Yes Message/Voicemail Wrong Number No Answer

If no contact by phone, was letter sent? No Yes, Date Sent _____

Comments

MSR Name _____ Date Rec'd _____ Completed



Please fax this completed form to
Provider Services at **(831) 430-5857**