



**Fax Notification Form for Missed Appointments**

Please complete this form and Fax it to **844-236-1507** when members miss a scheduled appointment, or if they give your office less than 24 hours cancellation notice. You may use this for one or several members; however, we must receive the information within five business days of the original appointment of all members included. If you have questions, please call 888-664-2777. Thank you.

Care Provider Full Name: \_\_\_\_\_

Arizona Health Care Cost Containment System (AHCCCS) Provider ID #: \_\_\_\_\_ NPI #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Member First Name	Member Last Name	Member AHCCCS ID	Member Date of Birth / /	Missed Appointment Date / /	Missed Appointment Time ___ : ___ am / pm	L = Late & not seen; NS = No show; C = Cancel < 24 hrs.	Appointment Missed P=Preventive visit S=Sick visit

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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