

Physician Request for Member Education

The member referenced below is not following the standards set by my office for keeping scheduled appointments or calling to cancel missed appointments. I have counseled this member regarding such policies and would like to request further assistance from Texas Children's Health Plan.

MEMBER NAME: _____

MEMBER NUMBER: _____

Please list the dates that the member list above missed an appointment and/or failed to call to cancel the appointment in accordance with Physician's office policies.

DATE OF MISSED APPOINTMENT

Please describe the attempts made by Physician's office to correct appointment non-compliance.

DATE OF COUNSELING BY PHYSICIAN	DESCRIPTION OF COUNSELING BY PHYSICIAN

SUPPORTING DOCUMENTATION MUST BE ATTACHED TO SUBSTANTIATE THAT THE MEMBER WAS COUNSELED/EDUCATED ON THE IMPORTANCE OF APPOINTMENT COMPLIANCE (i.e. notes in the medical record, documentation of appointment reminders, etc.)

SIGNATURE OF REQUESTING PHYSICIAN: _____

TYPE OR PRINT NAME: _____

DATE: _____

Please fax form to TCHP, Network Development at (832) 825-2194. Member education will be completed within 14 days.