

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 listed above missed an appointment and/or failed to call to cancel the appointment in accordance with Physician's office policies.

Date(s) of missed appointment(s)

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 Texas Children's Health Plan, Member Services Department at 832-825-8778.
Member education will be completed within 14 days.