

Fax notification form for missed appointments

UnitedHealthcare Community Plan of Arizona

Please complete this form and fax it to 844-236-1507 when members miss a scheduled appointment or give your office less than 24 hours' cancellation notice. You may use this for 1 or several members, however we must receive the information within 5 business days of the original appointment of all included members. 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#:

Date:

Fax page: _____ of _____ total pages

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