

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#:

Member first name	Member last name	Member AHCCCS ID	Member date of birth	Missed appointment date	Missed appointment time	L = Late and not seen NS = No show C = Cancel	Appointment missed P=Preventive visit S=Sick visit
First name	Last name	#XXXXXXXX	XX/XX/XXXX	XX/XX/XXXX	Ex: 9:00 a.m/p.m.	L, NS, C	P, S

Date:	Fax page:	of	total pages
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This facsimile transmission contains confidential information intended for UnitedHealthcare Community Plan. If you have received this transmission in error, please immediately notify us by telephone at 888-664-2777. Please return the original message to UnitedHealthcare Community Plan to: 1 East Washington Street, Suite 900, Phoenix, AZ 85004 or fax to 844-236-1507. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.

