



## 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 1 or several members. However, we must receive the information within 5 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 __ : __ a.m./p.m.	L = Late and not seen NS = No show C = Cancel < 24 hrs.	Appointment missed P=Preventive visit S=Sick visit

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

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