

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Missed Appointment Notification Form

Providers fax this form to PHC's Member Services Department:

Northern Region (530) 223-2508
Southern Region (707) 863-4415

Patient Name:		Date of Birth (MM/DD/YYYY):	
Parent/Guardian Name (if applicable):		Phone Number:	
Primary Diagnosis:		PHC ID# (on the PHC ID Card):	
Dates of missed appointments within the last 3 months:		Dates of the last kept appointments:	
If your request is from a specialist, PCP office has been notified of missed appointments <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the patient notified or reminded of appointment date and time: <input type="checkbox"/> Yes <input type="checkbox"/> No			
When was the patient notified or reminded of the last scheduled appointment? _____ (date)			
How was the patient notified/reminded of the last scheduled appointment? <input type="checkbox"/> at the physician's office <input type="checkbox"/> over the phone <input type="checkbox"/> by mail <input type="checkbox"/> by email			
List interventions done when member missed appointments:			
What was the member's response to your interventions?			
Name of Provider:			
Person completing form Name:		Phone:	
Date form was completed:		Fax:	

PHC USE ONLY

Member was contacted by phone on (date):
Letter was sent to member on (date):
Reasons for missing appointments:
Comments:

Form #29 (Rev. Date 05/09/2018)

Care Coordination Referral: _____

CC: Provider Relations: _____