



Missed appointment log

Provider name: _____

Date faxed: _____ #of pages: _____

In an effort to improve our member's health and assist your office with missed and "No Show" appointments, please fill in the requested information for Mercy Care or Mercy Care Advantage members only. With this information, our outreach staff can call each member to offer assistance with issues that may be hindering the member from keeping their appointments, such as transportation. Please notify Mercy Care or Mercy Care Advantage within one week of the appointment by faxing this form to **602-431-7089**. If you have any questions, please call **602-263-3000** or toll-free **1-800-624-3879**.

Member ID#	Member Name	Date of birth	Missed appointment date and time	Late and not seen	No Show	Cancelled <24 hrs.	Reason for Appointment

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