



# 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

This message is intended only for the use of the individual or entity to which it is addressed and may contain confidential and/or proprietary information. If you are not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above.