CARE1ST HEALTH PLAN ARIZONA
NO SHOW LOG
FAX COMPLETED FORMS TO 602.778.1866

ONECARE

PHYSICIAN NAME:			PHYSICIAN PHONE #:		
Member Name	**Member AHCCCS ID#**	**Member Phone Number**	**Date of Missed Appointment**	**Reason for Appointment (EPSDT or Sick Visit, etc)**	**Follow Up Done by Care1st EPSDT Department**

Please report missed appointments to Care1st on a regular basis. Care1st will provide education to members about the importance of keeping their appointments and the need to cancel and reschedule those appointments that can not be kept.

Rev 10.2010