## **Member Missed Appointments**



Once completed, please send this form to the fax number or email listed below:

Fax to Provider Engagement Services: 203.265.3590 | Email: providernoshowreport@chnct.org

PRHHE0025-0114 ONLY COMPLETE UPDATED INFORMATION Provider Rep Name: Date: **Group Primary Address:** Provider First Name: City: Group Tax ID #: Specialist Allied Health Clinic ZIP+4: Provider Type: PCP Provider Last Name: State: Group Name: Phone: ( Specialties: Group NPI #: Fax: LIST MEMBER INFORMATION BELOW (MISSED APPOINTMENTS MOST RECENTLY OR PAST FEW MONTHS ONLY) Type of Appointment Date of Missed Member's Date of Birth Member Phone Member ID Member Name Was a Reminder Sent?/Comments Appointment Missed