



Missed Appointment and ER Misuse Education Request

Please fax this form to ADVANTAGE Care Select Provider Relations at (317)587-8411
Please contact the following members for re-education:

MEMBER'S NAME RID # PHONE #

PLEASE CHECK ONE: MISSED APPOINTMENTS ER MISUSE

If missed appointments, please list missed appointment dates

MEMBER'S NAME RID # PHONE #

PLEASE CHECK ONE: MISSED APPOINTMENTS ER MISUSE

If missed appointments, please list missed appointment dates

MEMBER'S NAME RID # PHONE #

PLEASE CHECK ONE: MISSED APPOINTMENTS ER MISUSE

If missed appointments, please list missed appointment dates

MEMBER'S NAME RID # PHONE #

PLEASE CHECK ONE: MISSED APPOINTMENTS ER MISUSE

If missed appointments, please list missed appointment dates

Name of office staff filling out form _____