



## Missed Medical Appointment Log

Please fill out and fax weekly

*Please print*

Date	Practice Name	City
Provider Name		Provider ID

Member Name	DOB	Medicaid ID	Missed Appointment Date	Appointment Type*

\*Appointment Type: EPSDT/Well Child, Well Adult, Sick, Follow up to Sick, Urgent Care or ER, Other – Specify

Please fax to: Member Services at 1-855-720-5820 or  
Email to: HCUcomments@HealthChoiceUtah.com

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