Exhibit 3.5.1 – Medical Missed Appointment Log

Missed Medical Appointment Log
Please fill out and fax weekly

Please print

Date	Practice Name	City

Provider Name	NPI

Member Name	DOB	AHCCCS 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 (480) 760-4708 or
E-mail to: comments@healthchoiceaz.com

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