



mercy care

EPSDT & MCH Missed Appointment Log

Provider name: _____ **Date faxed:** _____ **Fax #:** _____

In an effort to improve our member’s health and assist your office with any "missed" or “No Show” appointments, please fill in the requested information for your Mercy Care EPSDT and MCH members. Once we receive this information, our outreach staff can call each member to offer assistance with rescheduling or helping with any issues or barriers that may be hindering the member from keeping their appointments, such as transportation. Please notify us within one week of the appointment so we can assist you and our member's in a timely manner.

EPSDT Missed Visits: Fax this form to 1-860-900-7048

Maternal Child Health (MCH) Missed Visits: Fax this form to 1-959-282-1338

Member ID#	Member Name	Date of birth	Missed appointment date and time	Late or No Show	Cancelled <24 hrs.	Reason visit was missed	Reason for Appointment

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