

# PROVIDER ASSISTANCE PROGRAM

**IMPORTANT INSTRUCTIONS:** The purpose of the *Provider Assistance Program* is to help providers coordinate and/or manage the medical care for Mercy Care members at risk. Please complete this form and fax or mail it to member services (fax # 602 351-2313).

Member Name:

Date:

Member ID#:

Provider Name:

Provider Address:

Provider City, State, Zip

Provider Phone Number:

Contact Person

Check box for member assignment (PCPs only) and select primary reason for requesting assistance

**Continue Member Assignment**

**Remove Member From Panel (Include member 30 day discharge notice - *A removal will not be processed without the Member Discharge Letter.*)**

Member Issue:

\_\_\_\_\_ Communication/Deteriorated Relationship (PR01)

\_\_\_\_\_ Non-Compliant with Medical Care (PR05)  
 (Case Management Needed)

\_\_\_\_\_ Excessive No-Shows (PR04)

\_\_\_\_\_ Possible Drug Seeking (PR06)

\_\_\_\_\_ Possible Fraud (PR08)

\_\_\_\_\_ Complex Medical Care/different doctor needed  
 (PR07)

\_\_\_\_\_ Other (Describe below) (PROT)

Briefly describe the problem:

Provider Signature

Date:

**Office Use only** : LOB \_\_\_\_\_ MSR \_\_\_\_\_

Changed PCP

Referred for No Show f/u

Referred for Rx restriction

Referred to CM

Completed Fraud Form

No Action Taken