

# Member Education Request Form

*Use this form for all educational requests made on or after 04/01/2015*


**PROVIDER INFORMATION**

<b>Provider Name:</b>  <b>Office Address:</b> _____ _____ _____	<b>Provider Phone Number:</b> _____ <b>Contact at Provider's Office:</b> _____
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**MEMBER INFORMATION**

1. Member's Name (include guardian's name if Member is a minor) 2. Member's ID Number	Current Phone Number	Program	REASON FOR EDUCATIONAL REQUEST <small>*Indicates REQUIRED Information, **Please include attachment explaining education type and reason, ***Please include attachment outlining specifics of non-compliance</small>			
<input type="checkbox"/> New <span style="float: right;"><input type="checkbox"/> Existing</span> 1 _____ 2 _____		<input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIP Perinatal <input type="checkbox"/> Marketplace	<input type="checkbox"/> Newborn Education** <input type="checkbox"/> Non-Compliant Med. Tx*** <input type="checkbox"/> Abusive with Dr. &/or Staff	<input type="checkbox"/> Appt. No Show (*Date) /Nature of Visit _____ <input type="checkbox"/> THSteps/WCC <input type="checkbox"/> Sick Visit _____ <input type="checkbox"/> THSteps/WCC <input type="checkbox"/> Sick Visit _____	<input type="checkbox"/> ER for Non-ER / Non-Urgent Cause (*List Dates): _____ _____ _____	<input type="checkbox"/> Other: (*Please Specify/Include additional sheet if necessary) _____ _____ _____
<input type="checkbox"/> New <span style="float: right;"><input type="checkbox"/> Existing</span> 1 _____ 2 _____		<input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIP Perinatal <input type="checkbox"/> Marketplace	<input type="checkbox"/> Newborn Education** <input type="checkbox"/> Non-Compliant Med. Tx*** <input type="checkbox"/> Abusive with Dr. &/or Staff	<input type="checkbox"/> Appt. No Show (*Date) /Nature of Visit _____ <input type="checkbox"/> THSteps/WCC <input type="checkbox"/> Sick Visit _____ <input type="checkbox"/> THSteps/WCC <input type="checkbox"/> Sick Visit _____	<input type="checkbox"/> ER for Non-ER / Non-Urgent Cause (*List Dates): _____ _____ _____	<input type="checkbox"/> Other: (*Please Specify/Include additional sheet if necessary) _____ _____ _____
<input type="checkbox"/> New <span style="float: right;"><input type="checkbox"/> Existing</span> 1 _____ 2 _____		<input type="checkbox"/> STAR <input type="checkbox"/> CHIP <input type="checkbox"/> CHIP Perinatal <input type="checkbox"/> Marketplace	<input type="checkbox"/> Newborn Education** <input type="checkbox"/> Non-Compliant Med. Tx*** <input type="checkbox"/> Abusive with Dr. &/or Staff	<input type="checkbox"/> Appt. No Show (*Date) /Nature of Visit _____ <input type="checkbox"/> THSteps/WCC <input type="checkbox"/> Sick Visit _____ <input type="checkbox"/> THSteps/WCC <input type="checkbox"/> Sick Visit _____	<input type="checkbox"/> ER for Non-ER / Non-Urgent Cause (*List Dates): _____ _____ _____	<input type="checkbox"/> Other: (*Please Specify/Include additional sheet if necessary) _____ _____ _____

<b>CHC Use Only:</b>	Date Member Educated:	By:	Educational Topics:
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