

Member Education Request Form

Use this form for all educational requests of a Member or if Member has missed 3 or more appointments with his/her Physician.



PROVIDER INFORMATION

Provider Name: _____ Office Address: _____ _____ _____	Provider Phone Number: _____ Contact at Provider's Office: _____
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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 <i>*Indicates REQUIRED Information, **Please include attachment explaining education type and reason, ***Please include attachment outlining specifics of non-compliance</i>			
<input type="checkbox"/> New <input type="checkbox"/> Existing 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"/> 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 <input type="checkbox"/> Existing 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"/> 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 <input type="checkbox"/> Existing 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"/> 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) _____ _____ _____

CHC Use Only:	Date Member Educated:	By:	Educational Topics:
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