



726 Yorkln Road, Suite 200
Hockessin, DE 19707

Fax to the attention of Member Advocate
Fax 412-457-1748, or call 302-729-4181

MEMBER EDUCATION REQUEST FORM

Date: _____

Name: _____

DOB: _____ ID Number: _____

Parent or Guardian Name: _____ Phone Number: _____

PCP Name and ID Number: _____

There is a need for Member Education for the following:
(PLEASE INDICATE WHICH ONE)

- Emergency Use*
- No Show (After the PCP has notified the member of the office policy)*
Date of no show _____ *Did the member reschedule?* _____ *Reschedule date* _____
- Member needs to have a complete review of the benefits*
- Frequent appointment cancellations*
- Other / comments:*

Contact Person: _____ Phone #: _____