

**Unison Health Plan  
Health Communications Department  
HealthChek Non-Compliance**

**Please FAX to our Health Communications/HealthChek Department whenever a member  
cancels, reschedules, or does not show up for an appointment.**

**FAX Number 412.457.1377  
Please complete the entire form.**

<b>Please place an X in the appropriate space(s)</b>	
Unison Health Plan Provider Number	Provider Name
Unison Health Plan Member Number (Must be 10 digits)	Member Name (Last, First, Middle Initial)
Member's Date of Birth	Date of Scheduled Appointment
<b>Did the member show up for appointment?</b> NO _____	<b>Did the member cancel appointment?</b> YES _____ NO _____
<b>Did member reschedule appointment?</b> YES _____ NO _____	<b>Reschedule Date</b>
<b>If you do not have a FAX please mail the form to:</b>  <b>Unison Health Plan Attention: HC/HealthChek Department P.O. Box 1257 Monroeville, PA 15146</b>	