



300 Oxford Drive
Monroeville, PA 15146

Fax to the Attention of: _____

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)

- Referral Use
- Emergency Use
- No Show (After the PCP has notified the member of the office policy)
- Member needs to have a complete review of the benefits
- Other / comments: _____

Contact Person: _____ Phone #: _____