



# Texas Children's Health Plan

*The best decision a family can make.*

## Physician Request for Member Education

The member referenced below is not following the standards set by my office for keeping scheduled appointments or calling to cancel missed appointments. I have counseled this member regarding such policies and would like to request further assistance from Texas Children's Health Plan.

Member name: \_\_\_\_\_

Member number: \_\_\_\_\_

Please list the dates that the member listed above missed an appointment and/or failed to call to cancel the appointment in accordance with Physician's office policies.

Date(s) of missed appointment(s)

Please describe the attempts made by physician's office to correct appointment non-compliance.

Date of counseling by physician	Description of counseling by physician

**Supporting documentation must be attached to substantiate that the member was counseled/educated on the importance of appointment compliance** (i.e. notes in the medical record, documentation of appointment reminders, etc.)

\_\_\_\_\_  
Signature of requesting physician

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Date

**Please fax form to Texas Children's Health Plan, Member Services Department at 832-825-8778.  
Member education will be completed within 14 days.**