

Missed Appointment Notification Form

Our No-show Policy

- A provider cannot bill a Chorus Community Health Plans (CCHP) member for a no-show appointment
- If a member doesn't show up for a scheduled appointment and doesn't notify the provider in advance of the cancellation, the provider can contact a CCHP Member Advocate at 877-900-2247
- A CCHP Member Advocate must be contacted if:
 - A pattern has developed for missed appointments by a member; or
 - A provider plans on terminating a patient's care
- A CCHP Member Advocate will counsel Medicaid/BadgerCare Plus members regarding the importance of keeping appointments

Patient information

Patient name:				
	Medicaid ID number	Date of birth (mm/dd/yyyy)		
Address:				
Apt. number:	City	State	ZIP	
Patient, parent, or guardian phone	e number(s):			
Name of parent or guardian (if chi	ild):			
Provider information				
Provider name:	Email:			
Clinic Name:	Clinic phone numb	Clinic phone number:		
Name of person completing this fo	orm			
Name:	Email:			
Appointment information				
Date of missed appointment (mm/c	dd/yyyy):			
Reason for missed appointment (c	heck all that apply):			
Did not show up at all, and did no	t cancel			
Did show up, but was too late to b	e seen. Approximate number of minutes	late for appoin	tment:	
Other:				
Submittal instructions Send letters regarding termination of	f patient care, along with this Missed App	ointment Natifi	ication form to the	
CCHP Member Advocate prior to no	tifying the member.			

 Mail termination of patient care letter and completed Missed Appointment Notification form to: Chorus Community Health Plans Attn.: CCHP Member Advocate P.O. Box 1997, MS6280 Milwaukee, WI 53201-1997

If you have questions or comments, please contact a CCHP Member Advocate at: 877-900-2247