Phoenix Health Plan
Serving AHCCCS members for over 25 years

Physician Name:_____ **Phone #:**_____

Member Name	Member AHCCCS ID#	Date of Service Appt Missed	Reason for Appointment (EPSDT, Sick Child Visit, etc)	Follow Up Done by Phoenix Health Plan

Please complete all columns (except for the last column which will be completed by PHP) of this log and fax to: Provider Services @ 602.674.6670

Please report all PHP members who do not keep their appointments on a monthly basis; logs may be faxed in more often (weekly or bi-weekly) if necessary. Thank you for your time.