



**CARE1ST HEALTH PLAN ARIZONA**  
**NO SHOW LOG**  
**FAX COMPLETED FORMS TO: 602-224-4373**

**PCP/Office Name:**

**PCP/Office Phone#:**

Member Name	Member AHCCCS ID#	Member Phone Number	Date of Missed Appointment	Reason for Appointment (EPSDT or Sick Visit, etc)

**Please report missed appointments on a regular basis.**

**Care1st/ONECare will provide education to members about the importance of keeping their appointments and the need to cancel and/or reschedule appointments.**