peach state health plan™

1100 Circle 75 Pkwy Suite 1100 Atlanta, GA 30339 1-800-704-1484 www.pshp.com

Peach State Health Plan Missed Appointment Form

Use this form to refer a member to Peach State Health Plan for outreach.

Date: _____ Medicaid Number: _____

Member Name: _____ Member Contact Number: _____

Member Address: _____

_____

Caregiver Name: _____

Provider: _____ Office Contact: _____

Provider Address: _____

Provider Contact Number: _____ Provider Fax Number: _____

Please check the reason for the referral:

❑ Missed Appointment(s)

Type of missed appointment(s) _____

Date(s) of missed appointment(s) _____

❑ Medication non-compliance

Type of medication _____

Condition treated by medication _____

❑ Other (please explain) _____

Please give any additional details

_____

_____

_____

_____

_____

Please submit this form to Peach State Health Plan's EPSDT Department:

Fax: 1-877-250-5497

Emai: PSHP_EPSDT@CENTENE.COM