



Upper Peninsula Health Plan  
 228 W. Washington Street  
 Marquette, MI 49855  
 Toll Free 1-800-835-2556  
 Fax 1-906-225-7690

**Upper Peninsula Health Plan No-Show Notification**

Form to be sent/faxed to UPHP for notification of **excessive** no show appointment. Complete all **four** areas below.

**1) Type of Notification:**

- 1<sup>st</sup> notification** three no show appointments in a row within a year
- 2<sup>nd</sup> notification** additional no show visit within 6 months of 1<sup>st</sup> notification
- 3<sup>rd</sup> notification** additional no show visit within 6 months of 2<sup>nd</sup> notification
- Or not following provider office missed appointment policy. **Please include copy of office policy.**

**2) Member Information:**

Member Name \_\_\_\_\_ B.D. \_\_\_\_\_ I.D: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider/Clinic name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and title of staff completing form: \_\_\_\_\_

**3) No Show Dates:**

1. D.O.S. \_\_\_\_\_ Appt. type \_\_\_\_\_

2. D.O.S. \_\_\_\_\_ Appt. type \_\_\_\_\_

3. D.O.S. \_\_\_\_\_ Appt. type \_\_\_\_\_

**4) Documented provider efforts used to encourage compliance (Required):**

Letter/s sent to member (date/s) \_\_\_\_\_

Phone call/s to member (date/s) \_\_\_\_\_

Other \_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

**Fax completed form to UPHP Customer Services Department: 906-225-7690**

UPHP Internal use  
 Date received: \_\_\_\_\_ Initials \_\_\_\_\_  
 Action taken: \_\_\_\_\_ Date: \_\_\_\_\_ Provider Notified (date) \_\_\_\_\_