



# MEMBER APPOINTMENT NO-SHOW REPORT

Appointment no-shows occur across all medical practices, and the Division of Health Care Services (DHCS) acknowledges that this problem can negatively impact both patient flow and revenue. If you experience Medicaid member no-shows in your practice, complete and submit this report form via one of the methods below within seven days of the missed appointment. The DHCS Quality Assurance (QA) Unit will review each report to determine what actions can be taken to reduce no-show occurrences.

**No-Show Definition:** *An individual who is expected for an appointment but failed to show with no notification of canceling.*

## ALASKA MEDICAID PROVIDER INFORMATION

Provider/Practice Name: \_\_\_\_\_ Provider Medicaid ID#: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Do you remind patients of an upcoming appointment?  YES  NO If yes, how?  Text  Phone Call  Other

Do you have a no-show policy?  YES  NO

## ALASKA MEDICAID MEMBER INFORMATION

Member Name: \_\_\_\_\_ Member Medicaid ID#: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_ Member Phone Number: \_\_\_\_\_

Missed Appointment Date: \_\_\_\_\_ Missed Appointment Time: \_\_\_\_\_

Did the member notify you in advance that they were unable to keep their appointment?  YES  NO

If yes, how much advance notice was given? \_\_\_\_\_

Are you aware of the reason for the missed appointment?  YES  NO \_\_\_\_\_

Were travel vouchers issued for this appointment?  YES  NO

Comments/Additional Information:

Please return this form using one of the following **HIPAA-secure** methods:

Fax: 907.269.8868, Attention DHCS QA

Email: [DHCS.SURS@soa.hss.directak.net](mailto:DHCS.SURS@soa.hss.directak.net)

Mail: Division of Health Care Services  
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