



289 LaClair St, Coos Bay, OR 97420
Voice: 541-269-7400 • 800-264-0014
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Member Education Request Form
(Please Print)

Date: _____

PCP's Name: _____

PCP's Phone Number: _____

Member's Name: _____

Member's DMAP ID Number: _____

This Advanced Health Member needs to be educated regarding:
(Check all that apply, and please be specific in your explanation)

- | | |
|--|--|
| <input type="checkbox"/> Appropriate Emergency Dept. Use | <input type="checkbox"/> Following Advanced Health / OHP Rules |
| <input type="checkbox"/> Obtaining Referrals for Care | <input type="checkbox"/> No-Showing for Appointments |
| <input type="checkbox"/> Following Practice Rules | <input type="checkbox"/> Bringing OHP Medical ID |

Other: _____

Explanation: _____

Please complete and return this form to Advanced Health Customer Service. If mailing, please seal to preserve confidentiality. You may also fax this form to 269-2052. Please call Advanced Health Customer Service at 541-269-7400 for a supply of these forms.

Thank you.