



289 LaClair St., Coos Bay, OR 97420

Voice: 541-269-7400 • 800-264-0014

Fax: 541-269-2052 • TTY: 711 or 800-735-1232

**Member Request for Education**

(Please Print)

Date: \_\_\_\_\_

Submitting Office Name: \_\_\_\_\_

Submitting Office Phone Number: \_\_\_\_\_

Email of Submitter: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Member's DMAP ID#: \_\_\_\_\_

PCP Name: \_\_\_\_\_

**This Advanced Health Member needs to be educated regarding:**

(Check all that apply and please be specific in your explanation)

- Appropriate Emergency Dept. Use
- Obtaining Referrals for Care
- Following PCP Practice Rules
- Following Advanced Health / OHP Rules
- No-showing for Appointments
- Bringing OHP Medical ID

Other: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete and forward this to our email at [cs@advancedhealth.com](mailto:cs@advancedhealth.com) You may also fax this form to 541-269-2052. Please call Advanced Health Customer Service at 541-269-7400 for a supply of these forms.

Thank You.

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