



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

☐ **3rd No-show for Appointment**

☐ Bringing OHP Medical ID

Explanation: _____

☐ **ACTION(S) TAKEN by provider. Call(s) made to member, appointment rescheduled, late visit was approved.**

Please forward this to our email at cs@advancedhealth.com You may also fax this form to 541-269-2052. Please call Advanced Health Customer Service on 541-269-7400 for a supply of these forms. **This form is only for contacting members for education purposes.**

Dismissals must be in letter format.

Thank You.

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