

# NO SHOW LOG

Practice Name: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Tax ID/NPI: \_\_\_\_\_

Please Fax to Customer Care Department at (520) 874-3434 within 5 days of "no show" appointment.

Patient Name	DOB	Member ID	Provider Name	Appt Date	Reminder Call?	Patient call to cancel/reschedule?	Health Plan

**Health Plans:**

- Banner – University Care Advantage      B – UCA
- Banner – University Family Care/ACC      ACC
- Banner – University Family Care/ALTCS      ALTCS
- Banner Medicare Advantage HMO      Prime
- Banner Medicare Advantage PPO      Plus



Banner University Health Plans

Banner Medicare Advantage