MTM MISSED APPOINTMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1110 (3-2016)

Missed Appointment:
Directions to the MTM Provider: If a patient misses their scheduled MTM visit and does not call the pharamacy in advance to reschedule and is a "No Show", the MTM Provider should document that information on this form. Use this form to document the outreach to the patient until the patient has been contacted and the appointment is rescheduled or until the outreach has failed (3 telephone attempts after the missed appointment). When all three attempts have been made, fax this form to 701-328-1544, ATTN: Pharmacy. Upon receiving this form, the prior authorization for the medication will be ended. The service authorization for the MTM visits will remain in place in the case the recipient contacts the MTM provider to resume MTM visits.

Patient Information

Patient Name	Date of Birth	Date of Missed Appointment

Date and Outcome of Call Attempts

Date of First Call Attempt	Outcome of First Attempt
Date of Second Call Attempt	Outcome of Second Attempt
Date of Third Call Attempt	Outcome of Third Attempt

MTM Pharmacy Information

MTM Provider Name	
MTM Pharmacy Name	
MTM Provider Signature	Date

Re-Enrollment of Recipient:
Directions to the MTM Provider: Use this section if the recipient contacts the MTM provider, schedules and <u>attends</u> a MTM visit after the above section is faxed to the Department. Upon receiving the section below, the prior authorization for the medication will be reactivated.

Date of Attended Appointment	
MTM Provider Name	
MTM Pharmacy Name	
MTM Provider Signature	Date