

## Member Education Request Form

There may be times when a provider needs additional assistance with a Neighborhood member for issues such as missed appointments, PCP changes, and transportation assistance. Neighborhood's Member Services team is readily available to assist providers with Neighborhood members that may require additional education on benefits, polices, and procedure.

• Please complete this Member Education Request Form if you have a Neighborhood member that requires outreach and return it to Member Services via Fax to 401-709-7093. Member Services will contact the member within seven business days. Neighborhood recommends you keep a copy of this form in the patient's medical record for future reference.

Member Name	Member DOB	Neighborhood Member ID #		
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Parent Name	Parent's Member ID #	Phone Number on File		

## **EDUCATION REQUEST** (check all that apply):

The importance of keeping scheduled appointments		
Comments and provider outreach to member:		
Over-due vaccinations or preventative care/well-visits		
Comments and provider outreach to member:		
Disruptive behavior		
Comments:		
Appropriate use of emergency room		
Comments:		
Review of Neighborhood benefits (be specific)		
Comments:		
Other (please describe):		

PROVIDER INFORMATION					
Medical Group Name		Date			
Provider Name		NPI			
Group Contact Name					
Group Contact Phone	Group Contact Fax				

Thank you for working with Neighborhood to ensure a quality provider and patient experience.

Fax this form to Neighborhood Member Services at 401-709-7093