



Member Education Form

TO: **Molina Member Services Department**

FAX: **(425) 424-1163 or (800) 816-3778**

From: _____ (Doctor/Clinic): _____

Date: _____ Phone: _____ Fax Number: _____

This form can be used when a Molina Healthcare member requires education from the Molina Member Services Department. Please provide all the requested information, or the form may be returned to your office.

Patient Name: _____

Parent/Guardian Name (if patient is under 18): _____

Patient Phone Number: _____

Patient Address: _____

Molina ID Number: _____

Please contact this patient or parent/guardian regarding the following:

- Repeated Missed/Late Appointments
- Inappropriate Emergency Room Usage
- Inappropriate Requests for Urgent Referrals
- Disruptive Behavior/Non-Compliance
- Benefit Explanation
- Self-Referral
- Authorization Procedure Explanation
- Other: _____

Please explain in-depth, including date of occurrence(s), if applicable:

Please contact Molina Member Services for status or outcome of your request.

MolinaHealthcare.com | Contact Center: (800) 869-7165