

## Physician Alert and Feedback Form

To: <Accordant Health Services>  
Attn: <Health Management Nurse Name>  
Fax: 1-866-247-1150 (toll-free)  
Phone: 1-8XX-XXX-XXXX (toll-free)  
Patient Name: <Member Name>  
Patient ID/DOB: <Member Date of Birth>

Date: <Date>

Number of pages, including cover sheet \_\_\_\_\_  
From: <Physician Name>  
Fax: <Physician Fax #>  
Phone: <Physician Phone #>

**Please use this form to tell us how we can better help your participating patient. Your feedback is greatly appreciated.** You may securely fax this form back to **1-866-247-1150**, call your patient's program nurse toll-free at **1-8XX-XXX-XXXX** (TTY: 1-800-735-2962), or leave a voicemail request for callback at **1-866-247-1150**.

Thank you for this chance to work with you in improving your patient's health. We look forward to hearing from you soon.

Sincerely,

<Health Management Nurse Name>  
<Program Name>

<Insert FYI Text>

Physician Instructions:

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**WARNING:** This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at the number above. This fax has been sent from a secure location that meets the requirements of HIPAA and other applicable regulations. Returned fax transmissions will be received with an equal level of compliance. Member privacy is important to us. Our employees are trained regarding the appropriate way to handle our plan members' private health information. Thank You.