

**ALABAMA MEDICAID AGENCY
PATIENT 1st
Request For Patient Education**

PMP's Name _____ Provider # _____

Phone (____) _____ Fax (____) _____

Patient's Name _____ Medicaid # _____

What actions have you taken to educate the patient? _____

Have you referred the patient to Targeted Case Management for the Medically at Risk (TCM)? _____

If not, are you willing to refer to TCM? _____

Check the areas for which patient education is being requested. Please explain the exact nature of the problem.

Immunizations _____

EPSDT _____

Problems with Medical Regime _____

Social Issues _____

Missed Appointments _____

Specialty Referral Coordination _____

Frequent Emergency Room Visits _____

Dental _____

Transportation _____

Other _____

Comments: _____

**SEND TO: ALABAMA MEDICAID AGENCY
Patient 1st Program
501 Dexter Avenue
Montgomery, AL 36103-5624**

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