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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