

HealthCheck and Adult Outreach and Materials Request

Clinic name (& address if Materials Request)	
Clinic contact person	Clinic Phone number

MEMBER INFORMATION Route to SHP – Member Advocate Fax 715-221-6615	
Name	DOB
Member name	
Member name	
Member name	
Member name	
Member name	
Member name	
Member name	
Member name	

Action requested of Security Health Plan:

- Child member: Send "A Friendly Reminder" HealthCheck education card (After either three outreach attempts by clinic to member or two or more no-shows by the member)
 - English (836-006) Spanish (836-006-01)
- Adult member: Send clinic appointment no-show/education letter (After either three outreach attempts by clinic to member or two or more no-shows by the member)
- Member requests primary care provider (PCP) be changed to:
PCP _____ Clinic _____
- Refer to Security Health Plan Care Management for follow-up on complex health care needs

MATERIALS REQUEST	Route to SHP Mail Center	Fax 715-221-9500
Card/Brochure/Poster	Quantity Needed	
<input type="checkbox"/> Happy Birthday HealthCheck Reminder card (836-00027)		
<input type="checkbox"/> Now Is the Time HealthCheck Reminder card (836-00008)		
<input type="checkbox"/> Hmong (836-00033-01)		
<input type="checkbox"/> HealthCheck brochure (836-0023)		
<input type="checkbox"/> Spanish (836-00023-01)		
<input type="checkbox"/> HealthCheck poster (836-00032)		