

**UnitedHealthcare Community Plan
Arizona Self-Directed Attendant Care (SDAC) Service Option**

Non-Provision of Service Form

Date and Time of Notification: _____

Member Name: _____

Member AHCCCS ID: _____

Date and Time of Scheduled Service: _____

Attendant Care Worker Name: _____

Reason for Non-Provision of Service:

(Please check one of the following)

Worker cancelled

Worker did not show

Worker left early without your agreement to change the work schedule

Worker refuses to go or return to an unsafe or threatening environment

Worker quit

Member not available to receive services at scheduled time

Member refuses services

Replacement worker not available

Member called to cancel/reschedule services

Other

Comments:

Please fax or mail completed form to PPL at:
1-866-205-4334 or 7776 S. Point Pkwy West, STE #150, Phoenix, AZ 85044

*****YOU MUST ALSO REPORT THIS TO YOUR CASE MANAGER*****