

Non-Adherent Member Exclusion Form

Please send this form and documentation of three outreach attempts via mail, fax or email to:

Provider Network Services
Priority Health
300 East Front Street, Suite 250
Traverse City, MI 49684

Fax 231 932-9505
laura.stuursma@priorityhealth.com

Member Name _____

Member Contract Number _____ Member DOB _____

Primary Care Physician _____

Practice Name _____

Practice Contact Name _____

Practice Contact Phone Number _____

Measure(s) for which the member is non-adherent:

- Well Child Visits 3-6 Years
- Chlamydia Screenings
- Cervical Cancer Screenings
- Mammography
- Diabetes Care: Controlled HbA1C less than 7.0%
- Diabetes Care: Controlled AbA1C less than 8.0%
- Diabetes Care: Controlled LDL-C
- Diabetes Care: Annual Retinal Eye Exam
- Diabetes Care: Monitoring for Nephropathy
- Diabetes Care: Controlled Blood Pressure
- Hypertension: Controlled Blood Pressure
- Annual Lab Monitoring for Persistent Medications
- Asthma Medication Management

Specific reason for non-adherence _____
