



609 W. Littleton Blvd. Ste. 100  
Littleton, Colorado 80120  
Phone: (720) 458-6200  
Fax: (720) 458-6177  
[www.DoctorsCare.org](http://www.DoctorsCare.org)

# Fax

<b>To:</b>	Michelle Johnston, Program Director	<b>From:</b>	
<b>Fax:</b>	(720) 458-6177	<b>Office Name:</b>	
<b>Phone:</b>	(720) 458-6170	<b>Date:</b>	
<b>Re:</b>	Noncompliant Doctors Care Patient	<b>Pages:</b>	1

Patient's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Office Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Our office has determined that this patient is:

*(Check all that apply.)*

- Medically noncompliant
- Financially noncompliant
- Noncompliant for missing a scheduled appointment
- Other

Details of noncompliance:

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