PROVIDER CANCELLATION LOG

PROVIDER NAME: ***CARE-A-VAN SERVICES, INC.***

DATE OF SERVICE	MANE OF MEMBER	CONFIRMATION #	A LEG CXL	B LEG CXL	CANCEL CODE

CANCEL REASON	CANCEL CODE	CANCEL REASON	
Cancel at door/Late Cancelation	2	Rider no show	1
Rider not ready	45	Rider is sick	4
Rider in the Hospital	26	Member's appt canceled	6
Wrong level of service assigned	20	Transportation Provider late	7
Weather/Disaster	6	Rider transported by another	25
Bad address	10	Wrong date of service	0
Rider no longer goes to Medical Facility	22	Rider refused transportation	27