



Iowa Department of Health and Human Services
Treatment Reminder

Parent or Guardian of <Member Name>
<Address 1>
<Address 2>
<City>, <ST> <ZIP>

Dear Parent or Guardian of <Member Name>,

At your child or teenager’s recent Care for Kids check-up, follow-up care was suggested. This follow-up appointment might be a return visit, further tests, or a visit to another doctor or dentist. It is important to get this care for your child or teenager.

The cost of this appointment will be covered if your child is on Medicaid. More types of care are covered by Medicaid than before. If you haven’t already arranged for this follow-up appointment, please do so as soon as you can.

For your convenience, you can complete the bottom portion of this letter with the appointment time and date. Then tear along the perforation and post as a reminder where you will see it.

Help is available if you have any questions about:

- Dental care
- Medical care
- Transportation to and from your appointment

Call us at: 1-800-369-2229 (voice) or 1-800-735-2942 (TTY).

Cut along the dotted line.

This form is for your convenience. **DO NOT return to the Iowa Department of Health and Human Services.**



Appointment Reminder

Appointment for: _____ Place: _____

Date: _____ Time: _____

If for some reason you need to cancel your appointment, please call and let them know. This will make time for the doctor or nurse to see another patient.

Do you have questions about the Care for Kids program or about arranging transportation for your appointment? We can help. Please contact us at: 1-800-369-2229 (voice) or 1-800-735-2942 (TTY).