



Iowa Department of Health and Human Services
Wellness Exam Reminder

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

Due Date: <New Eligible> or <Due Date>

Dear Parent or Guardian,

Your child or teenager is eligible for free medical and dental care through the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Care for Kids program. Your child or teenager is due for a well child exam. Please schedule this exam with your medical provider as soon as possible. If the due date above says *New Eligible,* please make an appointment soon.

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.

If a wellness exam has already been scheduled or completed recently, no action is required. Another reminder will be sent when the next wellness exam is due.

We can help if you have questions about the Care for Kids program or about arranging transportation to your appointment, please 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.

We can help if you have questions about the Care for Kids program or about arranging transportation to your appointment, please call us at: 1-800-369-2229 (voice) or 1-800-735-2942 (TTY).