



## LETTER #1

Dear **(Parent Name/s)**:

Our office has tried to reach out to you several times to schedule a well visit for your child, **(Name)**.

**(Practice Name Pediatrics)** follows the guidelines for standard of pediatric care, which include a yearly health maintenance/preventative visit. We know that you value your child's health as much as we do. This yearly visit is our opportunity to make sure that your child is growing and developing normally, to provide immunizations, to administer age appropriate screenings, and to identify and treat any health problems.

In addition, it allows both you and your child an opportunity to ask questions related to their physical and emotional health and well-being.

**(Name)** has not yet had a preventative visit in the past year. Please call our office as soon as possible to schedule that visit and ask for **(Name of office contact)**.

As your medical home, we will do everything we can to accommodate your schedule. We expect to hear from you by **(Date)**.

We look forward to hearing from you and seeing (name) in the next few weeks!

Sincerely,



## LETTER #2:

Dear **(Parent Name/s)**:

Our office has tried to reach out to you several times to schedule a well visit for your child, **(Name)**.

**(Practice Name Pediatrics)** follows the guidelines for standard of pediatric care, which include a yearly preventative health care visit.

In addition, your insurance monitors our practice to make sure we are in compliance with those guidelines as they feel as strongly as we do that preventative health care can make a significant difference in early identification of problems and optimum health outcomes. **There is no copay for well visits in your plan.**

**(Name)** has not yet had a preventative visit in **(2021)**. Please call our office as soon as possible to schedule that visit and ask for **(Name of office contact)**.

If you are not in agreement with our practice of yearly well visits, then we will be happy to provide medical records for **(Name)** to be seen by a practice whose philosophies are more in keeping with your own. We expect to hear from you by **(Date)**.

We look forward to hearing from you and seeing (name) in the next few weeks!

Sincerely,



## LETTER #3:

Dear **(Parent Name/s)**:

Our office has tried to reach out to you multiple times to schedule a well visit for your child, **(Name)**.

**(Practice Name Pediatrics)** follows the guidelines for standard of pediatric care, which include a yearly preventative health care visit. According to our records, you have not responded to our prior communications. You are receiving this letter as a third written correspondence from our office.

**(Name)** has not yet had a preventative visit in **(2021)**. If you believe you have received this letter in error, or there have been extenuating circumstances, please contact our office immediately and ask to speak with **(Name of office contact)**.

As our two prior written requests have not resulted in a well visit for your child, we will now assume that your family's philosophies regarding medical care and the importance of routine health maintenance visits differ significantly from ours. As such, we would ask that you find a medical home whose philosophies are more in keeping with your own.

In accordance with state law, we will provide urgent/emergent care for your child for the **(next 30 days)**. We will prepare medical records for **(Name)** and will be happy to transfer them to your new provider. If you do not contact us by **(Date)**, we will mail the records directly to your home address. In addition, your insurance mandates that you choose a primary care provider (PCP). Please contact them as soon as possible with the name of your new PCP. If they do not hear from you, our office will contact them and ask that you be reassigned to a different practice and your insurance will choose a new PCP for you.

If, upon receipt of this letter, you have reconsidered and want to schedule a well visit, please call our office within the next 5 business days and ask to speak with **(Name of office contact)**. We will arrange an expedited well visit.

Thank you for the opportunity to serve as your child's medical home. We wish you the best of health.

Sincerely,