



Practice Name/Contact Name at practice _____

2 or more Missed **Well Child** Appointments
Attention: Health Check Coordinators & Supervisor
(Fax to: 919-723-9382)

Name: _____ Medicaid ID#: _____

Phone #'s: _____ DOB: _____

Address: _____

Dates of Missed Appointments: _____

Name: _____ Medicaid ID#: _____

Phone #'s: _____ DOB: _____

Address: _____

Dates of Missed Appointments: _____

Name: _____ Medicaid ID#: _____

Phone #'s: _____ DOB: _____

Address: _____

Dates of Missed Appointments: _____

Name: _____ Medicaid ID#: _____

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Address: _____

Dates of Missed Appointments: _____