

**Member Information Fax Back Form  
Children's Health - Well Visits**



Member had the following well-child visits in the first 15 months of Life (6 or more visits)

Date of visit 1 \_\_\_\_\_ Date of visit 2 \_\_\_\_\_ Date of visit 3 \_\_\_\_\_

Date of visit 4 \_\_\_\_\_ Date of visit 5 \_\_\_\_\_ Date of visit 6 \_\_\_\_\_

Member had a well-child visit visits in the third, fourth, fifth, and sixth years of life

Date of visit \_\_\_\_\_

Member had an adolescent well-care visit

Date of visit \_\_\_\_\_

**General Information**

This is not my member. PMP is \_\_\_\_\_

I would like this member contacted about care management

Provider Name \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_