



LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES  
COMMUNITY PARTNERS  
MY HEALTH LA

<Day>, <Date>

Application ID: <App Id#>

Participant ID: <Participant ID#>

Category-SEQ

<Applicant's Name>

<Street Address>

<City> <State>, <Zip Code>

---

**PROGRAM RENEWAL NOTICE**

**Your My Health LA Services will soon expire – renew today!**

---

Dear <Applicant First Name> <Applicant Last Name>,

It is time for you to renew with the *My Health LA (MHLA) Program*. Unless you respond immediately to schedule an appointment, your program services will end on **<MHLA Insurance Term Date>**.

To renew, please call your medical home, **<Assigned Medical Home>** at **<Medical Home phone #>** to schedule an appointment. You can also make an appointment at a new medical home if you wish to change Medical Homes at this time.

**Appointments to renew fill up quickly.** To make sure you do not lose your *MHLA* services, or your *medical home* and *doctor*, schedule your renewal as soon as possible. Remember to bring the following documents to your renewal appointment.

1. **PICTURE ID**, such as a California DMV issued ID, Consular ID, or other government issued ID.
2. **PROOF OF LOS ANGELES COUNTY RESIDENCY**, such as a recent rental agreement or utility bill.
3. **PROOF OF HOUSEHOLD INCOME**, such as recent pay stubs, or statement of income from your employer.

**NOTE:** If you cannot read or understand this letter, call MHLA Member Services at (844) 744-MHLA (1-844-744-6452)

Sincerely,

My Health LA Program