



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

<Day>, <Date>

Applicant ID: <App Id#>

Participant ID: <Participant ID#>

Category-SEQ

<Applicant's Name>

<Street Address>

<City> <State>, <Zip Code>

**URGENT PROGRAM RENEWAL INFORMATION
SECOND NOTICE – RENEW IMMEDIATELY!**

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 MHLA Medical Home>** at **<MHLA 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.

To make sure you do not lose your My Health LA services, or your medical home and doctor, schedule your renewal appointment as soon as possible. Remember to bring the following documents to your renewal appointment.

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