

SCHEDULE OF WELL VISITS

48 HOURS AFTER DISCHARGE

10 DAYS

1 MONTH

2 MONTHS

4 MONTHS

6 MONTHS

9 MONTHS

12 MONTHS

15 MONTHS

18 MONTHS

2 YEARS

3 YEARS

4 YEARS

5 YEARS

6 YEARS

ANNUALLY THEREAFTER

PLEASE NOTE: YOUR INSURANCE COMPANY WILL ONLY PAY FOR ONE WELL/ROUTINE VISIT EVERY 12 MONTHS. PLEASE MAKE SURE TO SCHEDULE A YEAR OR MORE FROM THE LAST WELL VISIT AFTER YOUR CHILDS 2 YEAR WELL VISIT.