<<today\_date\_mmmm\_ddyyyy>>

**Important Medica Information**

<Member Name>

<Address 1>

<Address 2>   
<City>**,** <State> <ZIP>

**New Contact Information for Your Care Coordinator**

Dear <Member Name>,

I am reaching out to let you know that my contact information has changed. Going forward, you can reach me by phone at <CC phone number> [or by email at <CC email address>].

As a Care Coordinator, I am here to help. My role is to make sure your health plan is working for you. I am available to:

* Review your health care needs with you over the phone or in person;
* Provide support for and information about covered services or supplies to help keep you safe and healthy in your home;
* Answer questions about your insurance; and
* Help you find a provider, such as a doctor or dentist, to meet your unique needs.

**Questions?**

Call me at <CC phone number> <Monday - Friday> between <CC hours of operation>.   
TTY: 711.I look forward to continuing to work with you.

Sincerely,

<Care Coordinator Name>, <Credentials>

<County/Care System/Agency name>

<CC phone number>

cc: member records

