<<today\_date\_mmmm\_ddyyyy>>

**Important Medica Information**

<Member Name>

<Address 1>

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

**Review Plan Documents Enclosed**

Dear <Member Name>,

I’ve enclosed documents related to your care in the Medica DUAL Solution® (HMO D-SNP) plan. Please review these items and call me with any questions or concerns.

<Free text for member specific health information/content>

**Questions?**  
Call me at <phone> <Monday – Friday> between <9 a.m. to 5 p.m.> TTY: 711. I look   
forward to speaking with you soon.

Sincerely,

<Care Coordinator Name>, <Credentials>

<County/Care System/Agency name>

<CC phone number>

cc: member records

