<<today\_date\_mmmm\_ddyyyy>>

**Important Medica Information**

CP435

<Member Name>

<Member Address>

<Member Address>

<Member Address>

<Health Plan ID Number>

Dear <Member Name>:

During our recent conversation, you said you would like a . Your documents have been updated to reflect this change. Along with this letter please find a copy of your updated  that reflects the change.

We discussed the requirement and purpose of sharing your care plan information and support instructions with this provider. Per our discussion you have chosen to

Please sign and return this letter to indicate you agree with the changes. If you have any questions you can contact me at the number listed below.

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My Signature Date

Sincerely,

<Care Coordinator Name, Title>

<County/Clinic/Organization>

<CC phone number>

<CC fax number>

