<Date>

<Member Name>  
<Member Address>  
<City, State ZIP>

Dear <Member Naasdfme>,

You have an appointment soon with your UCare care coordinator. Here are the details:

Care coordinator name: <Care Coordinator Name>

Care coordinator email: <Care Coordinator Email Address>

Care coordinator phone number: <Care Coordinator Phone Number>

Date and time of appointment: <Date and Time>

Location of appointment: <Location>

You and your care coordinator will:

* Meet to go over your care coordination benefits
* Talk about your physical and mental health care needs
* Review preventive health care
* Create a plan that meets your needs with the services you choose

**Questions?**

If you have questions or want to change your appointment, call <Care Coordinator Name> at <Care Coordinator Phone Number>. TTY users, call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

Sincerely,

<Casasdfase>

<Care Coordinator Job Title>

<County or Agency Name>

<Care Coordinator Phone Number>

<Care Coordinator Email Address>

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