<Date>

<Member Name>

<Member Address>

<City, State, Zip>

Dear <Member Name>:

As a member of UCare’s UCare Connect (SNBC) you are provided a care coordinator. I will be your new care coordinator as of <date> . I will be calling you soon to see how you are doing and determine your needs.

If you have any questions, please feel free to call me at <phone number>. If you reach my voice mail, please leave a message and your phone number. If you are hearing impaired, please call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

I look forward to speaking with you soon.

Sincerely,

<Care Coordinator Name>

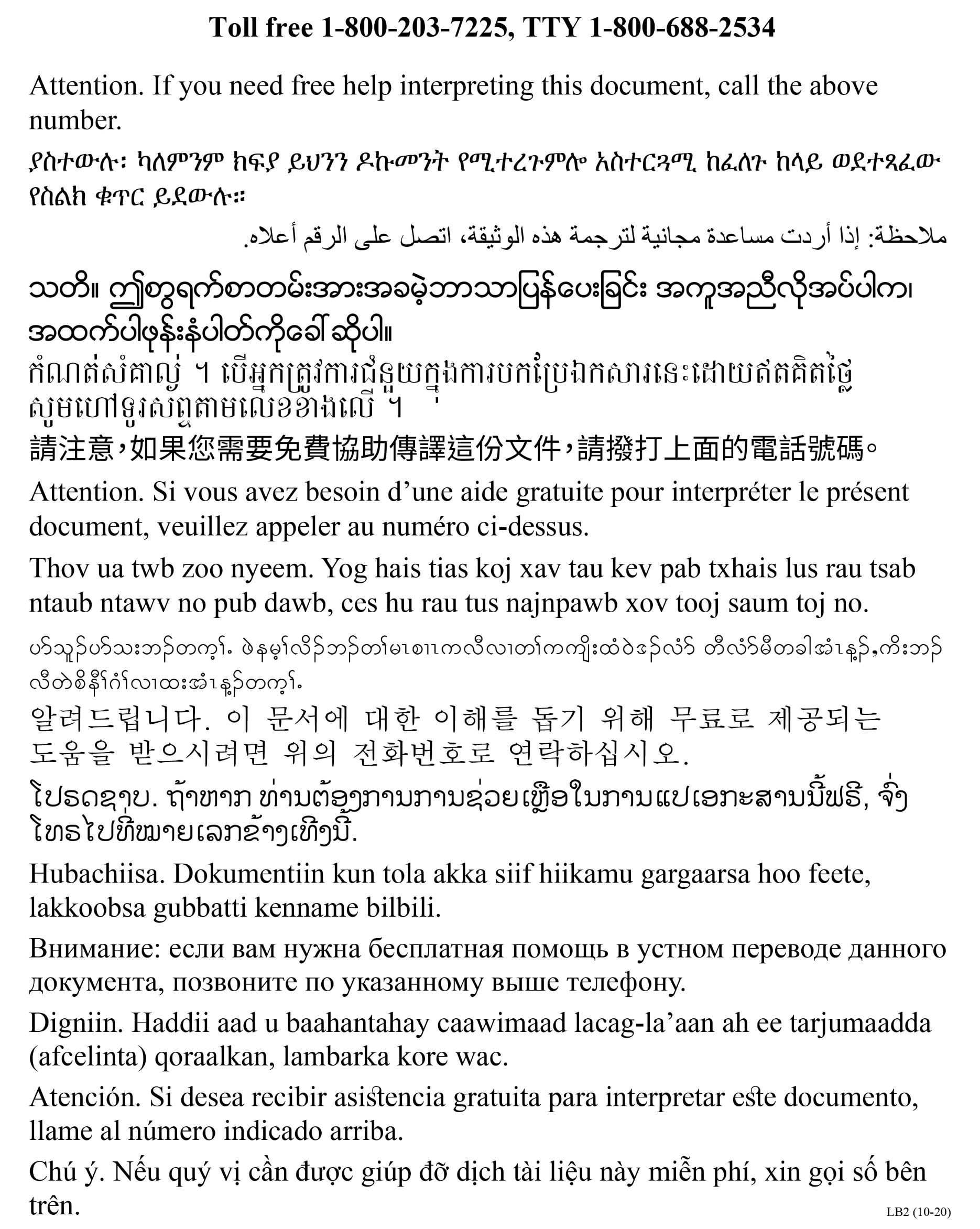
<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number>

<E-mail Address>

MSC+ SNBC H2456 H5937\_010517 DHS Approved (01252017) U2857C (11/18)



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