

<Date>

<Member>

<Street Address or PO Box>

<City, State Zip>

Dear <Member>:

Thank you for being a member of <UCare’s Institutional Special Needs Plan (ISNP)>. My name is <Name>. As of <Date>, I’m your new Care Coordinator.

We offer you a Care Coordinator with your plan coverage. I’m an important part of your health care team. I’ll call you soon to:

* See how you’re doing
* Talk about your needs

**Questions?**

If you have questions about this change, or your needs, call me at <Phone>. I’m here from <Operating Hours>.You can also email me at <Email>. If you get my voicemail, leave me a message and your phone number. I’ll call you back. If you’re hearing impaired, call the <Minnesota Relay> at <711> or <1-877-627-3848> (speech-to-speech relay service).

I look forward to talking with you.

[<Sincerely,

<Name, Credentials>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone>

<Email>>]

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