UCareLogoForLHWordTemplate

<Date>

<Name>

<Street Address or PO Box>

<City, State, Zip>

Dear <Member>:

As a member of UCare’s Minnesota Senior Care Plus (MSC+) health program you are assigned a <care coordinator/case manager>.

I am the <care coordinator/case manager> who works with you and wanted to inform you of a change in my contact information.

My new phone number is: <Phone>

My new email address is: <e-mail>

Please update your records to reflect these changes.

If you have questions, please feel free to call me at <telephone 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)>.

Sincerely,

<Name of Worker>  
<Worker’s Job Title>  
<County or Agency Name>  
<Worker’s e-mail address>

MSC+ H2456\_011317 IA (01132017) U5291 (01/17)







