<Date>

<Member Name>

<Member Address>

<City State Zip>

Dear <Member Name>:

I’m your care coordinator. I’ve been unable to reach you by phone. I am writing to ask you or your authorized representative to call me at <phone number>. If you reach my voicemail, leave a message with your daytime phone number. Include a date and time that I can call you. If you are hearing impaired, call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

The reason I am trying to reach you is:

To schedule an assessment

For your six (6)-month check-in

Other: <explanation of other reason>

Please call me as soon as you receive this letter. I look forward to speaking with you.

Sincerely,

<Care Coordinator Name>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number>

<Email Address>

UCare’s MSHO (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare’s MSHO depends on contract renewal.

H2456\_2638\_082022 accepted

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