<<today\_date\_mmmm\_ddyyyy>>

### Important Medica Information

<Member Name>

<Address 1>

<Address 2>   
<City>**,** <State> <ZIP>

**Reminder to Renew Your Medical Assistance**

Dear <Member Name>,

My name is <Care Coordinator name> and I am your Care Coordinator. I am writing to you

because your Medical Assistance renewal paperwork <is/was> due by <date>. I have tried to call you to remind you about this, but was unable to reach you.

I encourage you to renew your Medical Assistance so that you do not have a break in your   
benefits with your Medica DUAL Solution® plan. If you have any questions about the   
paperwork, I encourage you to speak with your county financial worker at <phone number>   
between <hours of operation>. TTY: 711.

<Free text for member specific content>

Sincerely,

<Care Coordinator Name>, <Credentials>

<County/Care System/Agency name>

<CC phone number>

cc: member records

