<<today\_date\_mmmm\_ddyyyy>>

**Important Medica Information**

<Member Name>

<Address 1>

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

**Your New Care Coordinator**

Dear <Member Name>,

My name is <Care Coordinator name> and I am your new Care Coordinator. You may reach me   
by calling <phone>. I will be in touch with you shortly to address any questions you may have.

I have also been in contact with <name>, your previous care coordinator,to ensure a smooth transition.

**Questions?**

Call me at <CC phone number> <Monday - Friday> between <CC hours of operation>.   
TTY: 711.I look forward to working with you as a Medica AccessAbility Solution® member.

Sincerely,

<Care Coordinator Name>, <Credentials>

<County/Care System/Agency name>

<CC phone number>

cc: member records

