<<today\_date\_mmmm\_ddyyyy>>

**Important Medica Information**

<Member Name>

<Address 1>

<Address 2>

<City>**,** <State> <ZIP>

**Your Support Plan**

Dear <Member Name>,

When we spoke recently, I promised to send you a **Support Plan.** The plan enclosed is a summary of our discussion. It includes the steps we agreed would help you meet your health goals. In addition, I can help you with:

**Provide-A-RideSM**This program is available to members who need a ride to medical and dental visits. To schedule   
a ride, call 1-877-379-7540 (toll free). TTY: 711. You can call Monday - Friday 8 a.m. to 6 p.m.

**Health Care Directive**   
This form helps you outline your health care wishes. You can request a form from me and I will answer any questions you have before you discuss it with your doctor.

**Annual Physical**Take a key step on your path to good health and set up an annual physical at your clinic.

<Free text for member specific information/content>.

**Questions?**

Call me at <CC phone number> <Monday - Friday> between <CC hours of operation>.   
TTY: 711.Aswediscussed,I plan to be in touch with you again on <specify timeframe and communications method>.

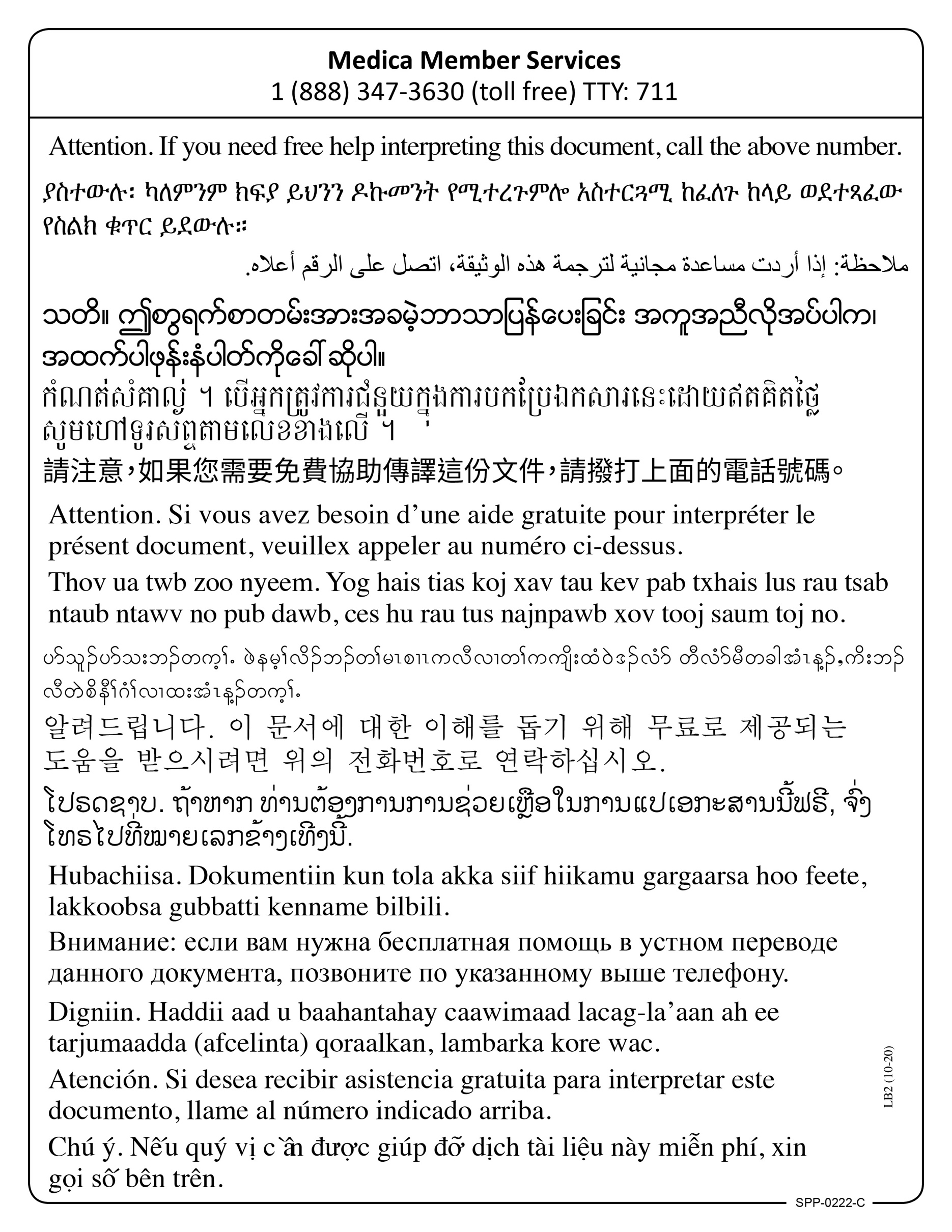
Sincerely,

<Care Coordinator Name>, <Credentials>

<County/Care System/Agency name>

<CC phone number>

cc: member records



A medical assistance service document

Description automatically generated with medium confidence

A document with a few words

Description automatically generated with medium confidence