<<today\_date\_mmmm\_ddyyyy>>

**Important Medica Information**

<Member Name>

<Address 1>

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

**A Partner in Your Care**

Dear <Member Name>,

Thank you for choosing Medica for your health plan coverage! I am excited to welcome you as

a member of Medica AccessAbility Solution® Enhanced.

My name is <CC Name> and I will be working with you as your Care Coordinator. <County/Agency/Care System name> partners with Medica to provide members with Care Coordination services.

**As your Care Coordinator, I can:**

* Work with you to create a Care Plan to keep you healthy and safe
* Help you make appointments to see health care providers
* Support you and your family in making health care decisions
* Find community services that may interest you
* Identify health benefits you are eligible for

**What happens next?**To get started, I will call you. I’ll ask you a few questions about your health and schedule a time   
to meet. You will have a chance to ask me questions, too.

**Questions?**  
Call me at <phone> <Monday – Friday> between <9 a.m. to 5 p.m.> TTY: 711. I look   
forward to speaking with you soon.

Sincerely,

<Care Coordinator Name>, <Credentials>

<County/Care System/Agency name>

<CC phone number>

cc: member records

