

<<today\_date\_mmmm\_ddyyyy>>

<Doctor's Name>

<Clinic Name/Fax Number>

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

Re: <Member Name>, <DOB>

Dear <Doctor's Name>,

My name is <CC Name> and I am the Medica Care Coordinator for <Member Name>. As a Care Coordinator with Medica, my role is to coordinate care for Medica members. I am available to help members:

* Navigate through health care systems, manage transitions, access home care services and other community-based resources
* Identify and set up any non-medical services that may assist the member in staying or improving their health and well-being
* Answer questions about their health care coverage

The most recent Health Risk Assessment with <Member Name> indicates the following: <Free text-HRA identified needs/concerns (or if no needs identified, document that here)>.

Currently, <Member Name> is receiving the following services:

* <free text for services received>
* <free text for services received>
* <free text for services received>

<Free text-additional comments/concerns, etc.>

**Questions?**   
Call me at <phone> <Monday – Friday> between <9 a.m. to 5 p.m.> TTY/TDD: 711.

Thank you,

<Care Coordinator Name>, <Credentials>

<County/Care System/Agency name>

<CC phone number>

cc: member record  
  
©2021 Medica.

Letter ID: 502384

SPP1001198-3-00621A