

<<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’m the Medica Care Coordinator for <Member Name>. I can help members:

* Navigate through health care systems, manage transitions, and access home care services and other community-based resources
* Identify and set up any non-medical services that can help the member maintain or improve their health and well-being
* Answer health care coverage questions
* Communicate and coordinate with their Interdisciplinary Care Team

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

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

* Care Coordination
* <free text for services received>

* <free text for services received>

We also see you as an integral member of the Interdisciplinary Care Team. Please contact me with questions or input about this member’s health care needs or plan of care.

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

**My Contact Information:**
Call me at <phone> <Monday – Friday> between <9 a.m. - 5 p.m.> TTY/TDD: 711.

Thank you,

<Care Coordinator Name>, <Credentials>

<County/Care System/Agency name>

<CC phone number>

cc: member record