



FAX

PROVIDER NOTIFICATION

DATE:

TO:

FROM:

, CC

COMPANY:

COMPANY:

FAX:

FAX:

PHONE:

PHONE:

SUBJECT:

Support Plan

EMAIL:

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MESSAGE:

RE:

DOB:

Health Plan ID:

Attached is the most recent UCare Support Plan that addresses the following areas for your patient:

- Member's interdisciplinary care team
- Member's wishes / what is important
- Person-centered goals
- Supports and services the member chooses

As this member's care coordinator, I facilitate communication and coordinate care across providers and settings. I am available to provide health education, assist with accessing supports and services and assist members with optimizing health care use to improve health outcomes.

Comments:

Please contact me should you have any questions. I look forward to working with you, helping facilitate smooth transitions and ensuring health and safety needs are met.