

<Date>

<Member Name>

<Member Address>

<City State Zip>

Dear <Member>,

Thank you for taking the time to discuss your health care needs. It was a pleasure talking with you. Enclosed you’ll find information about <resources and/or health conditions>.

<List of health conditions or health education materials>

If you have questions about this information or need further help, please call me. If you are hearing impaired, please call the Minnesota Relay Service at 711 or 1-877-627-3848 (speech-to-speech relay service).

Sincerely,

<Case Manager Name>

<Case Manager Job Title>

<County or Agency Name>

<Phone Number>

<E-mail Address>

<<Enclosure: health information>>

UCare Health, Inc. is an HMO-POS plan with a Medicare contract. Enrollment in UCare Health depends on contract renewal.

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