<Date>

<Member Name>

<Member Address>

<City, State, Zip>

Dear <Member Name>:

Hello, my name is <Case Manager Name>. You are eligible for UCare’s Case Management program through your enrollment in UCare Medicare Plans with M Health Fairview & North Memorial. We think you may benefit from this program. I am writing to invite you to be in our Case Management program.

The following are a few things the Case Management program can help you with:

* Select or change your primary care doctor or primary care clinic
* Find a specialist, if needed, near your home
* Receive preventive care, such as flu shots
* Join programs offered by UCare that interest you, like wellness programs

As your Case Manager, I will do the following to enroll you in the Case Management Program:

* Schedule a telephone call with you to answer any questions you may have about case management
* Conduct an assessment by phone to identify needs case management can help you with
* Develop a care plan to address those needs
* Help you obtain available care and resources as needed

I will call you soon to discuss your interest in this program and your health care needs.

Being in the Case Management program is voluntary and offered to you at no cost. If you accept being in the Case Management program, you can stop any time by calling me at <Phone Number>.

Sincerely,

<Case Manager Name>

<Case Manager Job Title>

<County or Agency Name>

<Phone Number>

<E-mail Address>

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