<Date>

<Provider Name>

<Provider Address>

<City, State, Zip>

Re: <Member Name>, <DOB>

Health Plan ID Number: <Health Plan ID Number>

I am <Care Coordinator Name>, a Care Coordinator with UCare and I am attempting to work with <Member Name> to engage them in Care Coordination services.

Some of the ways I can assist members are:

* Appointment setting
* Transportation assistance
* Setting up services (such as meal preparation, bathing, bill paying)
* Ordering equipment for bathroom or home safety
* Finding a new living situation
* Health education on topics such as staying healthy, preventing falls, and immunizations.
* Supporting members through transitions

I would like to enlist your help to encourage <Member name> to receive Care Coordination services. Please contact me at <Phone Number> to discuss potential ways we can work together to assist <Member Name> in their care needs.

Sincerely,

<Care Coordinator Name>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number>

<E-mail Address>