

<Date>

<Member Name>

<Member Address>

<City, State Zip>

Dear <Member>,

As a member of UCare’s <Health Plan> program, we offer a health risk assessment at no cost to you. I know you don’t want to have the assessment right now. If you change your mind, please call me at the number below.

**Who performs the health risk assessment?**

A UCare care coordinator performs the assessment. The assessment helps to identify your health and wellness goals. Our care coordinators can also help you understand your benefits, find primary health care providers and arrange transportation for medical care.

**Our care coordinators are here:**

* When you need services set up in your home
* To help you when your health changes or you’re hospitalized
* To give you information on staying healthy, preventing falls and immunizations

**Questions?**

If you have questions or would like to do the assessment, call me at <Phone>. TTY users call <1-800-688-2534>.

Sincerely,

<Care Coordinator Name>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number> | <E-mail Address>

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