

December 21, 2022

Medication Therapy Management Program for Patient: **Lucy30595 Miller (DOB: 01/01/1926)**

Dear Dr. TestSandra TestMahoney:

I am a clinical care team member at Arine Inc., a medication management company that works with VNS CHOICE Health Plans. On December 21, 2022, I performed a review of your patient's case. I have summarized the issues identified and my recommendations in the table below. Please indicate in the last column whether you plan to implement the recommendations and fax back this form and any requested medical records to 1-833-263-1963.

| | Assessment | Recommendation | Implement? (Y/N) |
|---|-----------------------------|------------------------------------|---------------------|
| 1 | Testing Provider Assessment | Testing Provider Recommendation | |

Please send any updated prescriptions to the patient's preferred pharmacy, as we are not a dispensing pharmacy. The patient's preferred pharmacy is:

TestCVS PHARMACY #08420
7740 N Cortaro Rd
Tucson, AZ 85743-0000
Phone: 520-579-9918

Please leave any other comments here about the recommendations or important notes about the patient's health and fax us the form at 1-833-263-1963:

We appreciate working with you to provide high-quality healthcare for our patients.

A handwritten signature in black ink, appearing to be 'O. K.' followed by a horizontal line.

Clinical Care Support
DevAdmin DevAdmin , PharmD, BCPS
Arine-Admin
Phone: 1-833-ARINERX (1-833-274-6379)
Fax: 1-833-263-1963