



<Date>

<Member Name>

<Member Address>

<City State Zip>

Dear <Member Name>:

At UCare, we are dedicated to improving your health and well-being. Enclosed is the Comprehensive Care Plan that we developed with you on <Date>. Please review the Care Plan carefully.

As a reminder, some of the things we discussed at your visit include:

- Your physical and mental health
- Ways to reduce falls
- Health care needs you may have
- <Topics discussed at visit>
- <Topics discussed at visit>

Don't forget to contact your care coordinator if you:

- Have been hospitalized or plan to be hospitalized
- Have had a fall
- Have experienced a change in physical health
- Are experiencing emotional problems

If you do not agree with your Care Plan, have questions about it, or have experienced a change in your needs, please call me at <phone number>. If you are hearing impaired, please call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

Sincerely,

<Care Coordinator Name>
<Care Coordinator Job Title>
<County or Agency Name>
<Phone Number>
<E-mail Address>

MSC+ H2456_122716 IA (12272016)

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500 Stinson Blvd NE, Minneapolis, MN 55413 | 612-676-6500 | fax 612-676-6501 |
ucare.org