<Date>

Primary Care Provider Name

Clinic Name/Address

Clinic Address

Clinic Address

Re: <Member Name>

 DOB: <Member Date of Birth>

Dear <Name of Primary Care Provider>,

Your patient, <Member Name>, is an enrollee of **,** a product of Blue Plus. I am the Care Coordinator assigned to work with this member.

My role is to work closely with both the member and the member’s Interdisciplinary Care Team to facilitate communication and assist with transitions between care settings. I conduct health risk assessments and coordinate care to maintain and maximize the member’s functional abilities and quality of life based on the member’s identified needs, strengths, choices and preferences.

I have reviewed the facility plan of care and discussed with your patient information including benefits, advanced directives, transitions of care, and return to community options, if applicable.

<Optional comment box to include changes to advanced directive, care plan or facility concerns, desire to return to community.>

I welcome you to call me with any questions or share any input you may have regarding this member and during times of care transitions from the emergency room, inpatient stays and/or facility admissions. If you would like a copy of my full assessment, you may contact me directly.

Sincerely,

Your Name, Title

(xxx) xxx-xxxx