<DATE>

<Member Name>

<Street Address>

<City, State, Zip>

Dear <Member Name>,

My name is <Care Coordinator Name> and I am your Blue Plus Care Coordinator from your health plan. My services come at no cost to you. I have been unable to reach you by telephone. I am trying to reach you to talk about:

<Reason for outreach>

To contact me, please call <Phone Number>. Our hours of operation are from <8:00 am to 4:30 pm>. If you do not speak English, I can call you back with a telephone interpreter. If you have a hearing impairment and use TTY, please call 711.

Sincerely,

<Care Coordinator Name, Title>

Blue Plus Care Coordinator

<Name of County/Clinic/Organization>

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