



\* Si usted necessita esta informacion en espanol por favor llame al 1-866-593-2538.

<<Date>>

<<Member First Name>> <<Member Last Name>>

<<Address>>

<<City>> <<State>> <<Postal Code>>

WellCare Health Plans would like to help you get more involved in your health care. Our records show that you may have asthma. **(If this is incorrect, please call the number below and let us know.)** We would like to invite you to participate in our Asthma Program. **Getting involved is up to you.**

Below is a list of educational materials to help you learn more about asthma and your health. Please check off the brochure(s) you would like to receive. Tear off the bottom portion of this letter and mail it back to us. Use the enclosed postage paid envelope. We will send educational materials to you.

Also, we would like to learn more about your health. Please fill out the enclosed Member Questionnaire and mail it back to us. You can use the same envelope that you mail your request for educational materials in.

If you want to speak with one of our nurses about our Program, please **call toll-free 1-866-593-2538**. (If you are a TTY/TTD user, please call 1-877-247-6272.) Our nurses are available Monday-Friday 8 a.m.-5 p.m. ET.

If you have a medical question and would like to speak with a nurse, please call the Personal Health Advisor Line at 1-800-919-8807. (If you are a TTY/TTD user, please call 1-877-247-6272.) A nurse is available to help you 24 hours a day, seven days a week. The nurse can also help you decide if you should call your doctor or go to the hospital. The nurse may also give you tips you can use to care for yourself at home.

Working together as a team, we can make a difference!

Thank you,

WellCare Health Plans



Member Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> High Blood Pressure            | <input type="checkbox"/> Asthma Triggers | <input type="checkbox"/> Using a Peak Flow | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Heart Disease                  | <input type="checkbox"/> Asthma Zones    | <input type="checkbox"/> Meter             | <input type="checkbox"/> Smoking     |
| <input type="checkbox"/> Cholesterol                    | <input type="checkbox"/> Inhaler Use     | <input type="checkbox"/> Women's Health    | <input type="checkbox"/> Nutrition   |
| <input type="checkbox"/> Understanding Your Medications | <input type="checkbox"/> Spacer Use      | <input type="checkbox"/> Issues            | <input type="checkbox"/> Depression  |

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