



* 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, Inc. would like to help you get more involved in your health care. Our records show that you may have diabetes or high blood sugar. **(If this is incorrect, please call the number below and let us know.)** We would like to invite you to participate in our Diabetes Program. **Getting involved is up to you.**

Below is a list of educational materials to help you learn more about diabetes 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 the 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 8:00am-5:00pm ET.

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

Thank you,
WellCare Health Plans, Inc.



Member Name: _____ Address: _____

Telephone Number: _____

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|---|--|--------------------------------------|--|
| <input type="checkbox"/> Glucose Monitoring | <input type="checkbox"/> Depression | <input type="checkbox"/> Eye Care | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Insulin Pump | <input type="checkbox"/> HbA1c | <input type="checkbox"/> Foot Care | <input type="checkbox"/> Carbohydrate |
| <input type="checkbox"/> Insulin | <input type="checkbox"/> Overview of | <input type="checkbox"/> Kidney Care | <input type="checkbox"/> Counting |
| <input type="checkbox"/> Understanding Your Medications | <input type="checkbox"/> Complications | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Women's Health |
| | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Issues |
| | | | <input type="checkbox"/> Sick Day |

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