



[DATE]

[NAME]

[ADDRESS]

[CITY, STATE, ZIP]

Dear [PROVIDER]:

Re: [NAME]

ID: [Member ID]

DOB: [date of birth]

Staywell Health Plan of Florida Case Management Team has identified the above member as needing Case Management service. Enclosed please find a Care Plan, which we have created specifically for this member.

In an effort to maximize the member's outcome, I would like to partner with you by sharing the member's Care Plan for your input. Please review the attached Care Plan, sign and return to Staywell Health Plan of Florida; attention Case Management Department at 1-866-287-3286.

Should you have any questions regarding this member or the Care Plan, I can be reached at 1-866-635-7045. I am available Monday through Friday from 8:00 am to 5:00 pm EST.

Sincerely,

[CASE MANAGER NAME]

Case Manager

**Confidential Communication**

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