



Questions? Visit www.enrollchc.com or call us at **1-844-824-3655** (TTY: 1-833-254-0690). The call is free! Tenemos información en español. ¡Servicio de intérpretes gratis! Llame al 1-844-824-3655.



[<Head of household> 0000332948HP
 <Address Line 1>
 <Address Line 2>
 <City>, <State> <ZIP Code>]

[DATE]

Dear [HEAD OF HOUSEHOLD],

Your health care choices

This letter confirms your health care choices in the Community HealthChoices (CHC) program.

These people can start getting services from the CHC health plans on the dates listed below. If you chose a primary care practitioner (PCP), your PCP is also shown.

► This does **not** change your Medicare plan.

Name/ID Number	PCP / Phone	Plan / Phone / Effective Date
[Participant Name1] [Participant CIN1]	[PCP Name1] [PCP Phone1]	[Detail Name1] [Detail Phone Number1] [Detail Action Effective Date1]
[Participant Name2] [Participant CIN2]	[PCP Name2] [PCP Phone2]	[Detail Name2] [Detail Phone Number2] [Detail Action Effective Date2]
[Participant Name3] [Participant CIN3]	[PCP Name3] [PCP Phone3]	[Detail Name3] [Detail Phone Number3] [Detail Action Effective Date3]
[Participant Name4] [Participant CIN4]	[PCP Name4] [PCP Phone4]	[Detail Name4] [Detail Phone Number4] [Detail Action Effective Date4]

More on the back »

You can get this information in other languages or formats, such as large print or audio.

Name/ID Number	PCP / Phone	Plan / Phone / Effective Date
[Participant Name5] [Participant CIN5]	[PCP Name5] [PCP Phone5]	[Detail Name5] [Detail Phone Number5] [Detail Action Effective Date5]
[Participant Name6] [Participant CIN6]	[PCP Name6] [PCP Phone6]	[Detail Name6] [Detail Phone Number6] [Detail Action Effective Date6]
[Participant Name7] [Participant CIN7]	[PCP Name7] [PCP Phone7]	[Detail Name7] [Detail Phone Number7] [Detail Action Effective Date7]
[Participant Name8] [Participant CIN8]	[PCP Name8] [PCP Phone8]	[Detail Name8] [Detail Phone Number8] [Detail Action Effective Date8]

What happens next?

- If you want to change your **PCP**, call your health plan at the phone number listed above.
- If you want to change your **health plan**, go to **www.enrollchc.com**. Or call us at **1-844-824-3655** (TTY: 1-833-254-0690). You can change your health plan at any time.

Questions?

We can help! Visit **www.enrollchc.com**. Or call us at **1-844-824-3655** (TTY: 1-833-254-0690). The call is free!

Thank you,

Community HealthChoices