{system date}

Re: Client # {ACES HOH}

You will be with {Plan Name} beginning {Start date}. If this is OK, do nothing. Sometimes changing or being in a new plan means changing doctors. Check with your doctor.

If you want a different plan, make your changes at www.WAProviderOne.org/client. You can also:

1. Select one plan on the attached sign-up form.
2. Be sure your doctor will take your plan choice.
3. Complete and return the form by {Cutoff Dt.-3 days}.

Your choices are:

{Plan 1 Name}	{Plan 1 Phone Number}
{Plan 2 Name}	{Plan 2 Phone Number}
{Plan 3 Name}	{Plan 3 Phone Number}
{Plan 4 Name}	{Plan 4 Phone Number}
{Plan 5 Name}	{Plan 5 Phone Number}
{Plan 6 Name}	{Plan 6 Phone Number}

Did you know all health plans cover "well-child" doctor visits, childhood immunizations, and follow-up care!

You will find more information about {Program Name} in your "{Program Booklet Name}" which covers:

- Differences between fee-for-service and managed care.
- Your medical benefits and covered services.
- Information about each health plan.

If you have questions, call **1-800-562-3022** or 1-800-848-5429 TTY/TDD or 711 (for people with hearing or speech equipment). The call is free.

SAMPLE