Dear ________________________:

Welcome to ____________ County! Because you have moved, you will need to choose another medical home for you and/or your child. I have enclosed a list of medical homes that are open to Medicaid and NC Health Choice recipients living in this county. The primary care doctor in your or your child’s new medical home will provide medical care and refer to other doctors if necessary for appropriate treatment.

When you choose a new medical home, you will receive a new Medicaid card. The name of your new medical home, the address and the day time telephone number, and the after hours telephone number will be printed on your Medicaid card. If your child is a NC Health Choice recipient, you will not receive a new identification card, but will receive a notice with the new Community Care of North Carolina/Carolina Access medical home information.

When you receive your Medicaid card or NCHC notice, call immediately to make an appointment. Your new medical home will need to establish an enrollment and medical record for you or your child.

**Always** call your medical home before you go to another doctor unless it is an emergency.

I have enclosed a Community Care of North Carolina/Carolina Access (CCNC/CA) handbook. Read it carefully. It provides important information about your managed care plan.

Please call me before ______________ to select the medical home for you or your child. If you do not contact me, I will enroll you or your child with one of the medical homes on the enclosed list.

Your medical home can help you be as healthy as possible. Getting regular and preventive care promotes a healthy and happy life!

Sincerely,

___________________________
Signature of worker

___________________________
Telephone number of worker

**DMA-9010**
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