



North Carolina Department of Health and Human Services  
Division of Medical Assistance

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Dave Richard  
Deputy Secretary for Medical Assistance

COUNTY DEPARTMENT OF SOCIAL SERVICES

MAILING ADDRESS

CITY, STATE ZIP

AREA CODE PHONE NUMBER

DATE

RECIPIENT NAME

C/O CASEHEAD NAME

MAILING ADDRESS Line 1

MAILING ADDRESS Line 2

CITY, STATE ZIP

**SUBJECT: Choose Your New Primary Care Provider and Medical Home by [effective date]**

**[RECIPIENT ID]**

Dear [Recipient Name]:

As a North Carolina Medicaid or Health Choice beneficiary, you have help to manage and improve your health. To get these valuable services, you must choose a doctor to visit or call when you need medical care that is not an emergency.

The doctor you choose is called a "primary care provider." Your doctor's office is called a "medical home." When you need medical care, **first call your medical home any time, day or night.** (For emergencies, always dial 911 instead.) Your primary care provider and medical home will make sure you:

- **Receive the care you need.** This includes visiting your primary care provider when you are sick, and for regular checkups or shots.
- **Visit a specialist, if you need to.** Your medical home will help you make an appointment with a medical expert who cares for special health issues.
- **Receive medical advice 24 hours a day, 7 days a week.** Your medical home will answer your questions and give you advice.
- **Improve your health.** Your medical home will help you become healthier.

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

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**SUBJECT: Choose Your New Primary Care Provider and Medical Home**

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*We noticed that you have not chosen a primary care provider and medical home.* To get the most out of your Medicaid or Health Choice benefits, you must tell us the name of the primary care provider you want. Please call the DMA Call Center at **1-888-245-0179, 8am to 5pm, Monday through Friday.**

If you do not tell us the name of your primary care provider by [date], the doctor below will be your primary care provider starting [effective date]:

Your Primary Care Provider: [Name of Primary Care Provider]

Medical Home: [site formatted name]

Address: [street, suite, city, state ZIP]

Phone: [XXX-XXX-XXXX]

You can change your primary care provider by contacting the DMA Call Center at **1-888-245-0179, 8am to 5pm, Monday through Friday.** The DMA Call Center also can:

- Answer questions about a medical appointment before you had a primary care provider.
- Explain how to use your medical home or primary care provider.

You may use current Medicaid or Health Choice ID card until a new one arrives in the mail.

Sincerely,

Dee Jones  
Division of Medical Assistance  
Director of Operations