

IMPORTANT NOTICE ABOUT YOUR MEDICAID

County Transfer

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

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

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