

IMPORTANT NOTICE ABOUT YOUR MEDICAID

Primary Care Provider Disenrolls Recipient

Dear _____:

We were recently notified that your **Community Care of North Carolina/Carolina ACCESS (CCNC/CA) medical home** disenrolled you from his practice. You are eligible to re-enroll in **CCNC/CA** with a **medical home**. **CCNC/CA** are Medicaid's managed care programs which allow you to choose a **medical home** for you or your child who will maintain your medical records, provide all of your medical care, refer you to a specialist and admit you to the hospital when necessary. **CCNC/CA is available 24 hours a day, 7 days a week.**

When you choose a new medical home, you will receive a new Medicaid card. The name of your new medical home, the address, the day time telephone number, and the after hours telephone number will be printed on your card. **Always call your medical home before you go to another doctor unless it is an emergency.** When you receive the new Medicaid card, call **immediately** to make an appointment. Your new medical home will need to establish a medical and enrollment record.

I have enclosed a directory of medical homes for your convenience. I have also enclosed a Community Care of North Carolina/Carolina ACCESS handbook. It provides information about the benefits and your rights as a member.

Remember, getting regular and preventive care promotes a healthy and happy life!

Sincerely,

Signature of worker