



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

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Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

DATE:

Name of person enrolled
Enrolled MID

Dear (Case Head):

This letter is being sent to tell you that the person named above is being enrolled in a special Medicaid program that links you with your primary care doctor. This program is called Community Care of North Carolina (CCNC) or in your county, *(name of the network)*. The doctor you are currently seeing is a member of CCNC and your doctor's office is your medical home. This is where you go when you are sick. It is also where you go for well check ups and prevention. Your primary doctor will make sure you get the health care you need. Your doctor will also make sure you get to see other doctors when it is needed. People who are enrolled get the same services as other Medicaid recipients, but they are eligible for additional services. You may also have a care manager who can show you how to stay healthy. Not everyone needs a care manager. Your doctor may talk with you about care management services. The name of your medical home will be printed on your Medicaid card.

Your medical home is: *(site formatted name)*

Address: *(physical address, city, state, zip)*

Phone: *(office number)*

If you do not want to be enrolled with this medical home, you must contact Medicaid Customer Services at 1-888-245-0179. This is a toll free number. You will be able to speak with one of our enrollment specialists.

We are glad to welcome you as a member!

Para hablar con alguien en español acerca de esta carta, por favor llame al 1-888-245-0179.

