



*Si usted necesita esta información en español por favor llame al 1-800-951-7719.

<<Date>>

<<Member First Name>> <<Member Last Name>>

<<Address>>

<<City>> <<State>> <<Postal Code>>

WellCare Health Plan would like to help you get more involved in your health care. Our records show that you may have diabetes or high blood sugar. (If this is incorrect, please call the number below and let us know.) We would like to invite you to participate in our Diabetes Program. **Getting involved is up to you.**

Below is a list of educational materials to help you learn more about diabetes and your health. Please check off the brochure(s) you would like to receive. Tear off the bottom portion of this letter and mail it back to us. Use the enclosed postage paid envelope. We will send the educational materials to you.

If you want to speak with one of our nurses about our Program, please **call toll-free 1-800-951-7719**. (If you are a TTY/TTD user, please call 1-877-247-6272.) Our nurses are available Monday-Friday 8:00am-6:00pm Eastern Standard Time (EST).

If you have a medical question and would like to speak with a nurse, please call the Nurse Help Line at 1-800-951-7719. (If you are a TTY/TTD user, please call 1-877-247-6272.) A nurse is available to help you 24 hours a day, 7 days a week. The nurse can also help you decide if you should call your Primary Care Physician (PCP) or go to the hospital. The nurse may also give you tips you can use to care for yourself at home.

Working together as a team, we can make a difference!

Thank you,

WellCare Health Plan



Member Name: _____ Address: _____
Telephone Number: _____

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|---|--|--------------------------------------|--|
| <input type="checkbox"/> Glucose Monitoring | <input type="checkbox"/> Depression | <input type="checkbox"/> Eye Care | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Insulin Pump | <input type="checkbox"/> HbA1c | <input type="checkbox"/> Foot Care | <input type="checkbox"/> Carbohydrate |
| <input type="checkbox"/> Insulin | <input type="checkbox"/> Overview of | <input type="checkbox"/> Kidney Care | <input type="checkbox"/> Counting |
| <input type="checkbox"/> Understanding Your | <input type="checkbox"/> Complications | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Medications | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Issues |
| | | | <input type="checkbox"/> Sick Day |

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Disease Management
P.O. Box 31401
Tampa, FL 33631-3401