

**Coordination of Care Letter**

Re: Member Name:

Member DOB:

Dear

I am writing to let you know that I saw your patient named above for a medical office visit on . The patient reported symptoms that I believe are consistent with the diagnosis of . I have recommended the following:

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This patient has signed an authorization form, allowing us to exchange pertinent information with you. If you would like any further contact regarding this case or if you have further information that you think might assist us in better meeting this individual's clinical needs, please feel free to contact me directly.

Respectfully,

cc: File Copy to Member Medical Record