

<Member First Name> <Member Last Name>  
<Address>, <Address2>  
<City>, <State> <ZIP Code>

**RE: Case Management — Disenrollment**

Dear <Member First Name>:

My name is <Case Manager Name>. I'm a case manager with Amerigroup Community Care. I'm trying to reach you because we've learned you:

- Are no longer eligible for Medicaid.
- No longer live in the Amerigroup service area.
- Are in a long-term care nursing facility, state institution, or intermediate care facility for the developmentally disabled.

We want to work with you and help you get the care you need. Please call me within 10 working days of the date on this letter. If we don't hear from you, you could lose your healthcare coverage with Amerigroup.

Your healthcare is very important. Call **833-763-2459** and ask for extension <X>. You can leave a private message on my voicemail if I'm unavailable.

A copy of this letter will be sent to your doctor, and a copy will be kept in your records at Amerigroup.

If you need help, an interpreter, or a verbal translation, please call Member Services at **800-600-4441**, Monday through Friday from 7 a.m. to 7 p.m. Eastern time. Call **711** if you are deaf or hard of hearing.

Sincerely,

<Case Manager Name>  
Case Manager  
Amerigroup Community Care

Enclosures: Get help in another language  
Nondiscrimination notice