Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

On ##/##/##, you completed an assessment as part of our care management program for patients with complex medical conditions. You spoke with a care manager a few times to follow up, the last of which was on ##/##/##. I would like to continue working with you regarding the health concerns you and your primary care provider have identified to create a personal health care plan for you.

I have tried to contact you by phone to discuss your health care plan, but have not been able to reach you. Please call me at (###) ###-#### to let me know if you would like to continue receiving services through our care management program.

You can also call (Clinic Name) at (###) ###-#### to update your contact information.