

<RADR_ReturnAddressName>
<RADR_ReturnAddress1>
<RADR_ReturnAddress2>
<RADR_ReturnAddressCity> <RADR_ReturnAddressState> <RADR_ReturnAddressZip>

<MEMD_MemberFormattedName>
<MEMD_MemberAddress1>
<MEMD_MemberAddress2>
<MEMD_MemberCity> <MEMD_MemberState> <MEMD_MemberZip>

Reference # <TXHD_CPP_ID>

[Note: A review of your medications was done on <TXHD_TransactionDate> with <MEMD_CareGiverFirstName> <MEMD_CareGiverLastName> who served on your behalf. Here is a summary of your medication review.]

<Spool_Date>

Dear <MEMD_MemberFormattedName>,

Thank you for talking with me on <TXHD_TransactionDate> about your health and medications. As a follow-up to our conversation, I have included two documents:

- Your **Recommended To-Do List** has steps you should take to get the best results from your medications.
- Your **Medication List** will help you keep track of your medications and how to take them.

If you want to talk about these documents, please call <PLAN_CMRTVendor> at <CSPH_PhoneFaxTTY1>, <CSPH_HoursOfOperation>.

I look forward to working with you and your doctors to make sure your medications work well for you.

Sincerely,

<PLAN_SignatureBlock1>
<PLAN_SignatureBlock2>
<PLAN_SignatureBlock3>
<PLAN_SignatureBlock4>

<DSCL_HIPAADisclaimer01>
<DSCL_TrademarkDisclaimer01>
<DSCL_MiscDisclaimer>

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