



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

HeadOfHousehold
AddressLine1 AddressLine2
RecipientCity RecipientState 1234567890

June 27, 2017



This letter confirms that you have asked to enroll the following family member(s) in a Managed Medical Assistance (MMA) plan:

Name	Plan	Plan Phone
RecipientName	HealthPlanName	(123)456-7890

Your enrollment(s) will start on 7/1/2017. *Until that date, you can receive Medicaid services the way you do now.*

Please note: If your Medicaid eligibility changes, you may not be able to join a MMA plan. Be sure to keep all appointments and return information required by the Department of Children and Families or the Social Security Administration that relate to your eligibility.

What happens next?

- Your MMA plan(s) will send ID card(s), a member handbook, and a list of doctors.
- If you have not picked a Primary Care Physician (PCP), your plan will choose one for you. You can change your doctor any time by calling your health plan.
- Make an appointment with your doctor for a check-up.
- If you have questions about services your health plan offers, call the health plan.