



RON DESANTIS  
GOVERNOR

MARY C. MAYHEW  
SECRETARY

<Head of Household>	
<Address Line 1 + Address Line 2 >	
<City> <State> <Zip Code>	

< Letter Date >

As a Medicaid recipient, <Recipient Name> may receive health care services through the Managed Medical Assistance (MMA) program, a part of Statewide Medicaid Managed Care. Our records show that your enrollment in <Health Plan Name> will end on <End Date>, because you are no longer eligible for this plan. If you do not choose a new plan, you will receive your health care services on a fee-for-service basis.

If you would like to choose another plan you may do so using one of the following options:

- Enroll online at [www.flmedicaidmanagedcare.com](http://www.flmedicaidmanagedcare.com).
- Call the Statewide Medicaid Managed Care Helpline at 1-877-711-3662.

You will need to have the birth year, and Medicaid ID or Gold Card number for the Medicaid recipient for which you are calling.