



*Si usted necesita esta información en español por favor llame al 1-866-593-2538.

<<Date>>

<<Member First Name>> <<Member Last Name>>

<<Address>>

<<City>> <<State>> <<Postal Code>>

WellCare Health Plan would like to help you get more involved in your child’s health care. Our records show that your child may have asthma. **(If this is incorrect, please call the number below and let us know.)**

Getting involved is up to you.

Below is a list of educational materials that can help you learn more about your child’s asthma. Please check off the brochure(s) that you would like to receive. Tear off the bottom portion of this letter and mail it back to us. Use the enclosed postage paid envelope. We will send the educational materials to you.

If you want to speak with one of our nurses about our Program, please **call toll free 1-866-593-2538.** (If you are a TTY/TTD user, please call 1-877-247-6272.) Our nurses are available Monday-Friday 8:00am-6:00pm ET.

If you have a medical question and would like to speak with a nurse, please call the Personal Health Advisor Line at 1-800-919-8807. (If you are a TTY/TTD user, please call 1-877-247-6272.) A nurse is available to help you 24 hours a day, 7 days a week. The nurse can also help you decide if you should call your doctor or go to the hospital. The nurse may also give you tips you can use to care for yourself at home.

Working together as a team, we can make a difference!

Thank you,
WellCare Health Plan



Member Name: _____ Address: _____

Telephone Number: _____

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|---|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Women’s Health Issues | <input type="checkbox"/> Spacer Use | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Asthma Triggers | <input type="checkbox"/> Using a Peak | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Asthma Zones | <input type="checkbox"/> Flow Meter | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Understanding Your Medications | <input type="checkbox"/> Inhaler Use | <input type="checkbox"/> Weight Loss | |