



CHARLIE CRIST
GOVERNOR

ANDREW C. AGWUNOBI, M.D.
SECRETARY

October 19, 2007

Dear Medicaid Beneficiary:

We would like to thank you for being an enrollee in the South Florida Community Care Network. As an enrollee in this program you will receive a new Medicaid card holder that has the name of your plan, South Florida Community Care Network, on it. The Medicaid card holder you have now lists the name of your primary care doctor. Nothing has changed about your plan except the name on your Medicaid card holder. Your primary care doctor is still the same. Your Medicaid card is still good as long as you are eligible for Medicaid. If you have questions about your doctor or services offered by your plan, please call South Florida Community Care Network at 877-838-7526.

Sincerely,

A handwritten signature in black ink that reads "TWA - Arnold".

Thomas W. Arnold
Deputy Secretary for Medicaid

TWA/hf



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19 de octubre de 2007

Estimado(a) Beneficiario(a) de Medicaid,

Quisiéramos agradecerle por participar en el "South Florida Community Care Network". Como participante en éste programa usted va a recibir una nueva portatarjeta para su tarjeta de Medicaid con el nombre de su plan "South Florida Community Care Network" impreso. La portatarjeta de Medicaid que usted tiene ahora lleva el nombre de su médico(a) de cuidados primarios. Nada ha cambiado acerca de su plan menos el nombre impreso en la portatarjeta. Su médico(a) es el/la mismo(a). Su tarjeta de Medicaid sigue valida por el tiempo que usted sigue elegible para Medicaid. Si tiene preguntas sobre su médico(a) o los servicios que ofrece su plan, por favor llame a South florida Community Care Network al 877-838-7526.

Sinceramente,

Thomas W. Arnold
Deputy Secretary for Medicaid

TWA/hf