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**EVERNORTH**

<Date>

<PRIMARY CARE PHYSICIAN NAME>  
<PRIMARY CARE PHYSICIAN ADDRESS>  
<SECOND LINE ADDRESS>  
<CITY>, <STATE> <ZIP CODE>

**Re: <PARTICIPANT'S NAME>**

Dear Dr. <PROVIDER NAME>,

Your patient, <PATIENT NAME> has identified you as their primary care physician. In my work with Mr./Mrs./Ms. <PATIENT LAST NAME> we have discussed the importance of coordinating an individual's total health care across health care professionals. In response to this discussion, <PATIENT NAME> has given his/her consent for me to contact you, introduce myself as his/her behavioral health care practitioner and work directly with you when necessary.

At the present time <PATIENT NAME> has been in care with me since \_\_\_\_\_. In my continued work with <PATIENT NAME> I will be in touch with you as changes occur which would be pertinent to our coordination efforts.

As <PATIENT NAME>'s overall health care is of primary importance, I will be available to you and can be reached at <CONTACT INFORMATION>.

I look forward to our working together on an integrated approach for an optimal treatment outcome.

Sincerely,

<First Name> <Last Name>  
<Title>

Evernorth Behavioral Health

cc: Participant