**USE COUNTY LETTERHEAD**

**Sample letter to Treating Physician (Non Special Care Center) Regarding Continuity of Care**

Date:

CCS Provider Name

Address

City, State Zip

Dear Dr:

Subject: (Name of CCS Client and CCS Number)

Your patient (CCS client name) is currently a CCS client and CCS is authorizing payment for your services that relate to (his/her) CCS condition. (CCS client name) will soon turn 21 years old and eligibility for CCS services will end on (his/her) birthday.

As part of our transition planning to adult health care services, we would like to know if you intend to continue to treat (CCS client name) beyond age 21. If not, do you have an adult health care provider to whom you refer?

Please check the appropriate box below and return to our office via fax (insert fax number) or mail. Your prompt attention is appreciated.

[ ]  Yes, I will continue to provide care.

[ ]  No, I will not continue to provide care.

[ ]  I plan to refer to the following adult care provider:

 NAME OF PROVIDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No, I have not identified an adult provider and would like CCS to assist in finding an appropriate provider.

Please contact me if you have any questions or wish to discuss (CCS client name) future care. Thank you for your assistance and we look forward to receiving your response at your earliest convenience.

Sincerely,

(CCS Nurse Case Manager)

(Pertinent Contact Information)