



**June 7, 2023**

<<Member Name>>

<<Address>>

<<City, State Zip Code>>

Dear <<Member First Name>>:

Your primary care provider, <<Practice Mailing Name>>, participates with Arizona Care Network, an Accountable Care Organization (ACO) that partners with your provider and the Centers for Medicare & Medicaid Services (CMS) to provide the most efficient and cost-effective care possible.

**No action is required on your part, and your Medicare benefits have not changed.** You may visit any healthcare provider, hospital, or facility that accepts Medicare.

All participants of Arizona Care Network agree to work together to see that you get the right care at the right time, coordinate your care according to your individual medical needs and treatment choices, and protect your medical records and privacy.

Additionally, your provider's participation with ACN allows you access to several benefits at **no additional cost**, including care coordination services and online resources. Please see the enclosed document for additional information.

### Questions or Feedback?

Please contact any of these resources with questions or feedback about your coverage or this notification:

- Contact your primary care provider's office directly
- Contact Arizona Care Network at **(602) 406-7226** or email [members@azcarenetwork.org](mailto:members@azcarenetwork.org)
- Contact Medicare at **1-800-MEDICARE (1-800-633-4227)** or visit [medicare.gov](http://medicare.gov)

Sincerely,

Arizona Care Network

[www.azcarenetwork.org](http://www.azcarenetwork.org)