

Date: [Click here to enter a date.](#)

Re: [Click here to enter text.](#)

Dear Provider/Care Team Member,

This letter is to inform you that [Click here to enter text.](#) , DOB [Click here to enter a date.](#) is being disenrolled/discharged from our Medicaid Health Home program. This program is a partnership between our agency and Bassett Healthcare Network.

We previously had their consent to share information with you regarding their care needs. As of the date of Disenrollment/Discharge, we can no longer share any information with you. The Date of Disenrollment was/will be: [Click here to enter a date.](#)

The reason they are being disenrolled/discharged from the program is that the Person:
[Choose an item.](#)

If at any time, you wish to re-refer this person to our Program, you may contact me, contact our agency, or leave a voice message at the Bassett Community Navigation Health Home Referral Line: 877-547-1753.

Thank you for participating in this person's care!

[Click here to enter text.](#)
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