

PO Box 3050
Easton, PA 18043-3050

<Date>

<Provider Firstname> <Provider Lastname>, <Designation>
<Street Address>
<City>, <ST> <Zip code>

Re: Chronic condition management program confidential patient information

Dear <Recipient>,

We want to make you aware that one or more of your patients is enrolled in our chronic condition management program, which includes one-on-one health coaching plus online resources – at no cost to the patient.

Our coaches can assist your patients as they take small, actionable steps toward achieving their health goals by supporting their relationship with you, helping them follow your plan of care, and empowering them to be active participants in their own care.

Our health coaches can help your patients:

- Manage health concerns such as diabetes, heart conditions, and asthma
- Make lifestyle improvements by helping reduce stress, quit tobacco, or manage weight
- Find counseling and community support to help resolve day-to-day challenges

Your patients can also speak with an experienced health coach by calling the toll-free number on the back of their customer ID card. In addition, they can log in to a helpful website at their convenience to listen to a variety of health-related podcasts.

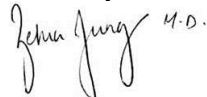
Additional information

We have enclosed a list of your patients who have enrolled in our chronic condition management program. If you would like to receive more information or have recommendations or questions, please call to speak to one of our health coaches at 1.855.246.1873.

You can also find more information on the Cigna for Health Care Professionals website at CignaforHCP.com (Resources > Medical Resources > Clinical Health and Wellness Programs > Chronic Condition Management).

Thank you for the care you provide our customers.

Sincerely,

A handwritten signature in black ink that reads 'Zehra Jung M.D.'.

Zehra Jung, MD
Senior Medical Director

Enclosure

Chronic Condition Management Program Patient Participation*

	Patient name	Date of birth	Program start date	Coach name
1	<Patient_first_name> <Patient_last_name>	<Patient date of birth>	<Program start date>	<Coach_first_name> <Coach_last_name>
2				
3				

* This data is being provided to you for informational purposes only. It is not necessary for you to provide a response.