

Health Plan Logo

Health Plan

Address

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## Lock-In PCP Denial and Pharmacy Approval Letter

[Member Name]

[Member Address 1]

Date: [date]

[Member Address 2]

Dear [Member Name]:

Your Lock-In Primary Care Provider (PCP) is denied, and your Lock-In Pharmacy is approved.

### **Why is my PCP denied?**

Your Lock-In PCP is denied because *[comprehensive explanation in plain language for why the PCP does not meet the criteria to be the member's Lock-In PCP]*.

You have been assigned a PCP. Your providers are listed below. Your Lock-In will begin on XX/XX/XXXX.

You should go to your Lock-In PCP to receive all of your medical treatment. If you need to receive services from a specialist, then you should add a specialist provider to your Lock-In enrollment.

You should go to your Lock-In Pharmacy to receive all of your medications. If you need specialty medications, you may add a specialty pharmacy provider. The goal of the Lock-In is to help you use your medications in a healthier way. You may call the [Lock-In Contact] at the toll-free number below with any changes or questions about your Lock-In.

[Lock-In PCP name]

[Address Line 1]

[Address Line 2]

[Phone number]

[Lock-In Pharmacy name]

[Address Line 1]

[Address Line 2]

[Phone number]

[Lock-In Specialist, if needed]

[Address Line 1]

[Address Line 2]

[Phone number]

Sincerely,

[Lock-In Contact]

[Health Plan Lock-In Contact]

1-(xxx) xxx-xxxx

Toll Free Phone Number

1-(xxx) xxx-xxxx

Fax Number