

**Midwest Behavioral Health Network/PCP  
Coordination of Care Letter**

Date \_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_

Primary Care Physician Address \_\_\_\_\_

PCP Fax \_\_\_\_\_

PCP Telephone \_\_\_\_\_

RE: Member's Name \_\_\_\_\_

Member's SSN or Plan ID \_\_\_\_\_

Member's DOB \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

Your patient, \_\_\_\_\_, has identified you as their Primary Care Physician and has given written permission for me to exchange the following information with your office in order to coordinate treatment.

Diagnostic information \_\_\_\_\_

Psychological testing \_\_\_\_\_

Medication(s) \_\_\_\_\_

Dates of Treatment \_\_\_\_\_ to \_\_\_\_\_

Focus of Treatment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will be in touch with you as changes occur which would be pertinent to our coordination efforts. The overall health care of our patient is of primary importance and I look forward to our working together on an integrated approach for an optimal treatment outcome.

Respectfully,

Treating Behavioral Healthcare Provider (print) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Cc: Member