



* Si usted necessita esta informacion en espanol por favor llame al 1-866-593-2538.

<<Date>>

<<Member First Name>> <<Member Last Name>>

<<Address>>

<<City>> <<State>> <<Postal Code>>

'Ohana Health Plan would like to help you get more involved in your health care. Our records show that you may have heart problems or congestive heart failure (CHF). (If this is incorrect, please call the number below and let us know.) We would like to invite you to participate in our CHF Program. **Getting involved is up to you.**

Below is a list of educational materials to help you learn more about CHF and your health. Please check off the brochure(s) you would like to receive. Tear off the bottom portion of this letter and mail it back to us. Use the enclosed postage paid envelope. We will send the educational materials to you.

Also we would like more about your health. Please fill out the enclosed Member Questionnaire and mail it back to us. You can use the same envelope that you mail your request for educational materials in.

If you want to speak with one of our nurses about our Program, please **call toll-free 1-866-593-2538**. (If you are a TTY/TTD user, please call 1-877-247-6272.) Our nurses are available Monday–Friday 8:00am-5:00pm ET.

Working together as a team, we can make a difference!

Thank you,
'Ohana Health Plan



Member Name: _____ Address: _____

Telephone Number: _____

- | | | | |
|---------------------------------------------------------|----------------------------------------------------|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Diuretics | <input type="checkbox"/> Low Salt Diet | <input type="checkbox"/> Depression |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Digoxin | <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Sick Day |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Ace Inhibitors | <input type="checkbox"/> Women's Health | |
| <input type="checkbox"/> Understanding Your Medications | <input type="checkbox"/> Overview of Complications | <input type="checkbox"/> Issues | |
| | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Weight Loss | |
| | | <input type="checkbox"/> Smoking Cessation | |

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