



Date document generated

Member name

Member address 1

Member address 2

Member city, state, and zip code

Dear Salutation Member name,

Thank you for talking with me on Date document generated, about your health and medications. As a follow-up to our conversation, I have included two documents:

1. Your **Recommended To-Do List** has steps you should take to get the best results from your medications.
2. Your **Medication List** will help you keep track of your medications and how to take them.

If you want to talk about these documents, please call Highmark WholeCare at 1-855-845-6212 Monday-Friday 9am-5pm EST.

I look forward to working with you and your doctors to make sure your medications work well for you.

Sincerely,

Signature

Insert MTM provider name

Insert MTM provider title, Insert organization name

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross and Blue Shield Association ("Highmark Wholecare").

NS_2369_C (11/2021)

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Recommended To-Do List for:

DOB:

Recommended To-Do List

Prepared on:

You can get the best results from your medications by completing the items on this **“To-Do List.”**



Bring your **To-Do List** when you go to your doctor. And, share it with your family or caregivers.

My To-Do List

What we talked about:	What I should do: <input type="checkbox"/> <input type="checkbox"/>
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What we talked about:	What I should do: <input type="checkbox"/> <input type="checkbox"/>
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What we talked about:	What I should do: <input type="checkbox"/> <input type="checkbox"/>
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What we talked about:

What I should do:

NS_2369_C (11/2021)

Medication List for:

DOB:

Medication List

Prepared on:



Bring your Medication List when you go to the doctor, hospital, or emergency room. And, share it with your family or caregivers.



Note any changes to how you take your medications.
Cross out medications when you no longer use them.

Medication	How I take it	Why I use it	Prescriber
<Insert generic name and brand name, strength, and dosage form for current/active medications>	<Insert regimen, (e.g., 1 tablet by mouth daily), use of related devices, and supplemental instructions as appropriate>	<Insert indication or intended medical use>	<Insert prescriber name>

Medication List for:

DOB:



Add new medications, over-the-counter drugs, herbals, vitamins, or minerals in the blank rows below.

Medication	How I take it	Why I use it	Prescriber



Allergies:

<Insert allergy information>



Side effects I have had:

<Insert side effect information>

Medication List for:

DOB:

! **Other information:**

<Optional>

Medication List for:

DOB:



My notes and questions:

Highmark Wholecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Highmark Wholecare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Highmark Wholecare:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Services at 1-800-685-5209, 8 a.m. - 8 p.m., 7 days a week from October 1 through March 31. From April 1 through September 30 our business hours are 8 a.m. - 8p.m., Monday through Friday. TTY users should call 711.

If you believe that Highmark Wholecare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Appeals and Grievances PO
Box 22278
Pittsburgh, PA 15222

Phone: 1-844-207-0336
Fax: 1-412-255-4503

You can file a grievance by mail, or by fax. If you need help filing a grievance, Appeals and Grievances is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-685-5209, (TTY: 711).

SPANISH

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-685-5209, (TTY: 711).

CHINESE 小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 1-800-685-5209, (TTY: 711)。

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-800-685-5209, (TTY: 711).

KOREAN 알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-800-685-5209, (TTY: 711)로 연락주 시기 바랍니다.

TAGALOG

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-800-685-5209, (TTY: 711).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-800-685-5209, (телетайп: 711).

ARABIC

لامحظة: إذا كنت تتحدث العربية، تتوفر دمخات المساعدة اللغوية مجاناً من أجلك. اتصل بالرقم 5209-685-800-1, (الهاتف النصي: 711).

FRENCH CREOLE

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-685-5209, (TTY: 711).

FRENCH

ATTENTION : Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-800-685-5209, (TTY: 711).

POLISH

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-800-685-5209, (TTY: 711).

PORTUGUESE

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-800-685-5209, (TTY: 711).

ITALIAN

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-800-685-5209, (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-685-5209, (TTY: 711).

HINDI

ध्यान दें: यदद आप ह िं दी बोलते हैं तो आपके ललए मु त में भाषा सहायता सेवाएं उपलब् ध ह िं 1-800-685-5209, (TTY: 711) पर कॉल करें।

LAO

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽ ຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-685-5209, (TTY: 711).

GUJARATI

સુચના: જો તમ ગુજરાતી બોલતા હો, તો નિ:શલુક ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છે. ફોન કરો 1-800-685-5209, (TTY: 711).

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-685-5209, (TTY: 711).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-685-5209, (телетайп: 711).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-685-5209, (TTY: 711).