

[Date]
[Patient Full Name]
[Patient Address]
[City, State, Zip Code]

Subject: Follow-Up Regarding Your Recent Hospital Discharge

Dear [Patient Name],

We are writing to follow up on your recent discharge from [Facility Name] on [Discharge Date]. As part of your Chronic Care Management (CCM) program, our goal is to ensure you have a smooth transition back to your home environment and continue to manage your health effectively.

Our records have been updated with your discharge summary. To ensure your care plan remains accurate, please review the following:

- **Medications:** Please confirm if there were any changes to your prescriptions or dosages.
- **Follow-Up Appointments:** Ensure you have scheduled your recommended visits with specialists or your primary care provider.
- **Medical Equipment:** Confirm if any new home medical equipment was ordered for you.

Your dedicated Care Coordinator will be calling you on [Date/Time] to discuss these updates and address any questions you may have regarding your recovery or chronic conditions.

If you experience any urgent symptoms before our scheduled call, please contact our office directly at [Phone Number] or dial 911 in the event of an emergency.

Sincerely,

[Provider Name/Care Coordinator Name]
[Practice Name]
[Contact Information]