RI Executive Office of Health and Human Services
Medicaid Program

<SEQ #> <NOTIFICATION ID> <DATE>
<NAME> <LAST 4 DIGITS OF THE MEMBER#>
<ADDRESS>
<CITY>, <STATE> <ZIP>

Dear <Name>:

Thank you for your application to join Neighborhood INTEGRITY, the new health and drug plan through Neighborhood Health Plan of Rhode Island. **We need some more information from you to process your application**. Please respond to this letter within 30 calendar days.

Important: If we do not hear from you within **30 calendar days** from the date of this letter, we will not be able to process your application. We cannot complete your enrollment until you call us.

For more information, visit www.eohhs.ri.gov. **If you have questions,** call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), Monday- Friday, 8:00 am – 6:00 pm. The call is free. You can get this information for free in other languages and formats, like large print, braille, and audio.

Para obtener más información, visite www.eohhs.ri.gov. **Si tiene preguntas,** llame al Medicare-Medicaid Plan Enrollment Line (número telefónico para inscripciones en plan Medicare-Medicaid) al 1-844-602-3469 (TTY 711), de lunes a viernes, de 8:00 a.m. a 6:00 p.m. La llamada es gratis. Puede obtener esta información gratuitamente en otros idiomas y formatos, como letra grande, braille y audio.

Para mais informações, visite www.eohhs.ri.gov. **Se tiver dúvidas**, ligue para a Linha de Inscrição do Plano de Medicare-Medicaid no número 1-844-602-3469 (TTY 711), de segunda a sexta-feira, das 8:00 às 18:00. A chamada é gratuita. Você pode obter estas informações gratuitamente em outros idiomas e formatos, como impressão grande, braile e áudio.

Thank you for your assistance.

[<Marketing Material ID: 006 NOTICE FOR REQUESTING INFORMATION>]