



DATE

<Primary MD First Name> <Primary MD Last Name>  
<Address>  
<City>, <State> <ZIP>

**<Member First Name> <Member Last Name>'s home test results**

Dear Dr. <Primary MD Last Name>:

<Member First Name> <Member Last Name> recently completed a home test kit and our records indicate you are the primary care doctor for this patient. We have enclosed a copy of the results with this letter.

**Please save these test results**

Please put the results in the patient medical record so they are available for Healthcare Effectiveness Data and Information Set (HEDIS) review.

The sample was analyzed in a Clinical Laboratory Improvement Amendments (CLIA)-certified, College of American Pathologists (CAP) accredited, full-service lab called Home Access Health.

If you have any questions about this program, please call Home Access at 1-800-442-5650. Our office hours are Monday through Friday, from 7 a.m. to 8 p.m. EST, excluding holidays.

Sincerely,

Home Access Health