NOVA SCOTIA

Department of Health and Wellness

Insert Today's date

Reset Print

Insert client's name and address

Health Card Number:

Dear

(insert client's name):

Effective February 1, 2009, all financial documentation regarding the Self-managed Care Program will be dealt with by our office. This change will provide better service and response to your financial questions. In your area, all future correspondence and questions will go to: *(select below for appropriate name / address)*

Should you have any questions or concerns regarding your self managed care payments or reconciliation documents, please do not hesitate to contact me. I look forward to serving you.

Yours truly,

Financial Services Officer