



Colorado Choice Health Plans

700 Main Street, Suite 100
Alamosa, CO 81101
719-589-3696
Fax: 719-589-4901
www.cochoice.com

<Insert Date>

<Insert Member First, Last Name>

<Insert Member Address>

<Insert City, State and Zip Code>

Dear Member,

Colorado Choice Health Plans is ready to begin delivering your EOB information in electronic format. Starting later this month, you will need to access your EOB information online through the Claims Status Detail page of our secure member portal, CHOICEConnect™.

If you already have a CHOICEConnect™ account, you don't need to take any further action. Simply log in to your account after you receive any medical services to view your EOB information online. From the welcome page, click on the Claims link on the left-hand navigation bar under My Health Plan, and then click on the Claim Number for the service you are seeking.

If you do not have a CHOICEConnect™ account, please refer to the enclosed flyer for instructions on how to register, and to learn about the many features and benefits of accessing your account online.

If you wish to opt out of electronic access to EOB information and continue to receive your EOBs in the mail, please complete the form below and return it to us at the address or fax number listed above. If you change your mind, you can opt in to electronic delivery at any time.

If you have any questions, please contact our Customer Service team at 719-589-3696 or 800-475-8466 Monday through Friday from 8:00am to 5:00pm. Deaf or hearing impaired using a TTY may call 1-800-659-2656 for support.

Sincerely,

Colorado Choice Health Plans

I wish to continue receiving my EOBs by mail until further notice. I understand that I can opt in to online delivery at any time by contacting Customer Service.

Member Name _____
[Please Print]

Member ID _____
[9-digit ID and 2-digit suffix from your identification card]

Member Signature _____

Date _____