

# Humana

Healthy Horizons®  
in Kentucky

P.O. Box 14601  
Lexington, KY 40512-4601

Re: Patient name:

Member date of birth:

Dear

I am writing to inform you that \_\_\_\_\_ was seen for a  
\_\_\_\_\_ on

The patient reported symptoms consistent with the diagnosis of

I have recommended the following:

This patient has signed an authorization form allowing us to exchange pertinent information with you. If you would like any further contact regarding this case, or if you have further information that might assist us in better meeting this individual's clinical needs, please feel free to contact us directly at

Sincerely,

cc: File copy to patient medical record