

PULL QUOTE
HERE



ReCONNECT
WITH YOUR
HEALTH CARE TEAM



HERE'S HOW TO
ReCONNECT:

Should you feel you would benefit from additional services, please contact:

and *ReCONNECT* with your previous healthcare team.

You have _____ days of your 100 Medicare days left for use

Discharge date: _____

Reconnect no later than: _____

FACILITY NAME

Facility Address Here
City, State, Zip
Ph: 123.456.7890
Fx: 123.456.7890

www.websiteaddress.com

[Logo Here]