# RAC Email Template

Date: _____

To: **Maryland *RecoveryNet***

From: _____

Re: *RecoveryNet* Eligible Patient

I have a *RecoveryNet* eligible patient Service recipient ID # _____

They are requesting the following services:

- Care Coordination
- _____
- _____
- _____
- _____
- _____

They are planning to discharge to _____County/City.

Please let me know as soon as possible and not later than _____ if these services are available in the requested region.

Thank you.