|  |  |
| --- | --- |
| **Email Subject Line** | **SSU [Group]** |
|  |  |
| **Field** | **Description** |
| **Sender** |  |
| **Sender Name** |  |
| **Member Medicaid ID** |  |
| **Member Name** |  |
| **Priority Level** |  |
| **Tag** |  |
| **Group** |  |
| **Request Content** |  |