

Notification of Healthcare Network Participation Status

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to inform you about your current participation status in our healthcare network. After a thorough review, we are pleased to confirm that you are currently an active participant in our network.

Your commitment to delivering high-quality healthcare services aligns with our mission to provide the best possible care to our patients. We appreciate your valuable contributions and expertise.

Please take a moment to review the attached documents detailing your participation and any relevant updates regarding our network policies.

If you have questions or require further information, please do not hesitate to contact us at [Contact Information].

Thank you for your continued partnership.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]