

Request for Healthcare Network Participation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Healthcare Network Name]

[Network Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to express my interest in participating in the [Healthcare Network Name]. As a [Your Profession/Position], I believe that being part of your network would not only benefit my practice but also enhance the access to quality healthcare for patients in our community.

[Briefly explain your qualifications, experience, and any unique aspects of your practice that would be valuable to the network.]

I would appreciate the opportunity to discuss this further and learn about the steps needed to join your esteemed network. Please let me know a convenient time for us to connect.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Title/Position]