

Health Insurance Network Participation Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to inquire about the participation status of [Provider's Name] in your health insurance network. I am considering [mention reason, e.g., enrolling in your plan] and would like to know whether my current healthcare provider is in-network.

If [Provider's Name] is not currently a part of your network, could you please provide information on how often you review network participation and if there are plans for them to join in the near future?

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]