

Negotiation Proposal for Network Participation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to discuss the possibility of my practice, [Your Practice Name], becoming a participating provider in [Insurance Company Name]'s network.

As a dedicated healthcare provider, I am committed to delivering high-quality care to my patients. I believe that joining your network would allow us to provide our services to a broader patient base, while aligning with your goals of improving access to healthcare services.

I would appreciate the opportunity to negotiate terms that would be mutually beneficial, including reimbursement rates and patient referral processes.

Thank you for considering this proposal. I look forward to the possibility of working together to enhance patient care and accessibility.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice Name]