

# Health Insurance Network Participation Update

Date: [Insert Date]

Dear [Provider Name],

We are writing to inform you about an important update regarding your participation in our health insurance network. As of [Effective Date], there will be changes to your network status that may affect your practice.

Details of the update are as follows:

- Network Status: [Active/Inactive]
- Reason for Update: [Brief Description]
- Action Required: [Any necessary actions from the provider]

If you have any questions or need further clarification, please don't hesitate to reach out to our Provider Relations team at [Contact Information]. We appreciate your cooperation and look forward to continuing our partnership.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Contact Information]