

Health Insurance Network

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Health Practitioner Network Inclusion

Dear [Insurance Representative's Name],

I am writing to formally request the inclusion of [Practitioner's Name], a [specialty] based in [Location], into your health insurance network. [Practitioner's Name] has been an integral part of my healthcare and provides services that are essential to my ongoing treatment and well-being.

The reasons for my request include:

- [Reason 1]
- [Reason 2]
- [Reason 3]

I believe that having [Practitioner's Name] as part of your network would greatly benefit members like myself, ensuring accessibility to high-quality care.

Thank you for considering my request. I hope to see a favorable response soon. Please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]