

Medical Provider Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

To Whom It May Concern,

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Inclusion of Medical Provider in Health Insurance Network

I am writing to request the inclusion of [Provider's Name] as a medical provider within the [Insurance Company Name] network. [Provide a brief explanation of the provider's qualifications, specialties, and why you prefer them.]

I believe that this provider will benefit many policyholders due to their [specific reasons such as proximity, specialized care, etc.]. I kindly ask you to consider this request and inform me of any further actions required on my part.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]