

# Health Insurance Network Physician Request

Date: **[Insert Date]**

To: **[Insurance Company Name]**

Address: **[Insurance Company Address]**

Attn: Provider Relations Department

Dear **[Insurance Company Name]**,

I am writing to formally request participation in your health insurance network as a licensed physician specializing in **[Your Specialty]**. I have been practicing for **[Number of Years]** years and am dedicated to providing high-quality medical care to all my patients.

My practice, **[Your Practice Name]**, is located in **[City, State]**, and we currently serve a diverse patient population. I believe that joining your network would enable us to provide even better care to our patients by enhancing their access to necessary services.

Enclosed you will find my curriculum vitae, copies of my medical licenses, board certifications, and any other relevant documentation that supports my request.

Thank you for considering my request. I look forward to the opportunity to collaborate with your organization to better serve our community. Should you require any further information, please feel free to contact me at **[Your Phone Number]** or **[Your Email Address]**.

Sincerely,

**[Your Name]**

**[Your Title/Position]**

**[Your Practice Name]**

**[Your Phone Number]**

**[Your Email Address]**