

Health Insurance Network Practitioner Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Department Name],

I am writing to inquire about the health insurance network practitioner options available under my current plan, [Your Policy Number or Plan Name]. I would like to understand the following:

- List of in-network practitioners
- Criteria for being considered an in-network provider
- Process for adding new practitioners to the network
- Network coverage for specific services or specialties

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]