

# Health Insurance Network Provider Inquiry

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]

Dear [Insurance Provider's Contact Name],

I hope this letter finds you well. I am writing to inquire about the network of healthcare providers covered under my current health insurance plan (Policy Number: [Insert Policy Number]).

Specifically, I would like to know:

- What healthcare providers are currently included in your network?
- Are there any changes to the network expected in the upcoming year?
- What criteria are used to determine the inclusion of providers in your network?

Your prompt response to these inquiries would be greatly appreciated as it will assist me in making informed decisions regarding my healthcare options.

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

Sincerely,

[Your Name]