

Provider Network Information Request

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request updated information regarding the provider network for [specific service or program]. We are currently reviewing our network adequacy and would appreciate your assistance in providing the necessary details.

Please include the following information:

- List of all participating providers
- Provider specialties
- Location and contact information for each provider
- Details on the availability of services
- Any recent changes to the network

We kindly ask that you respond by [insert deadline, e.g., two weeks from the date above] to ensure we can proceed with our evaluation in a timely manner.

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

Sincerely,

[Your Name]

[Your Title]

[Your Organization]