

Date:

Dear Representative: **TIME SENSITIVE RESPONSE NEEDED**

Please accept this Letter of Intent as our notice that we, Access Health Care Physicians, LLC, TIN: 451444883, NPI: 1245529742, Taxonomy 193200000X (Multispecialty) are adding the below provider to our group for all lines of business for our practice as to assure consistent patient care coverage.

LAST NAME	FIRST NAME	SUFFIX	NPI	CAQH#	EFFECTIVE DATE

TAXONOMY PRIMARY	PRIMARY SPECIALTY

Credentialing / Corporate Address					
Address	City	State	Zip	Phone	Fax

Pay to / Remittance Address:					
Address	City	State	Zip	Phone	Fax

PRACTICE LOCATIONS	
Primary Address:	Secondary Address:

If you have any questions, please do not hesitate to contact credentialing at 352-799-0046 or via email to credentialing@accesshealthcarellc.net.

Please confirm receipt of this notice and estimated time of completion. Upon completion of the contracting and credentialing for this provider, please provide:

1. Effective Date
2. Insurance Provider ID#
3. Confirmation of Lines of Business
4. Next credentialing date

Sincerely,
Access Credentialing Department

14690 SPRING HILL DRIVE, SUITE 101, SPRING HILL, FLORIDA 34609
TELEPHONE 352-799-0046
FACSIMILE 352-799-0042