

# Access<sup>2</sup> Healthcare, LLC

CREDENTIALING DEPARTMENT  
14690 Spring Hill Drive, Suite 303  
Spring Hill, FL 34609  
352-277-5307

Date:

Dear

Welcome to the Access Health Care Physicians family of participating physicians and providers.

Primary source verification of your credentialing application and supporting materials has been completed and your application was recently presented to the Access HealthCare Physicians Credentialing Committee. Our Medical Director and the Credentialing Committee has reviewed your credentialing application and supporting documents based upon established Access Health Care Physicians policies and procedures, State and Federal regulatory guidelines, and criteria from selected accreditation bodies.

You may begin providing services to Access Health Care Physicians Members on the first day of . Your assigned Provider Relations Representative will be contacting you and your staff to deliver your counter-signed Agreement and to schedule a New Office Orientation.

If you have any questions, please contact our Provider Relations Department staff by calling (352) 799-0046.

Respectfully,

Medical Director  
Access HealthCare Physicians

Cc: Physician/Provider File