



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

Correspondence/ Pay to / Remittance Address:					
Address	City	State	Zip	Phone	Fax
PO BOX 919469	ORLANDO	FL	32891-9469	727-823-2188	727-828-0723

PRACTICE LOCATIONS	
Primary Address:	Secondary Address:

If you have any questions, please do not hesitate to contact credentialing at 352-799-0046 ext. 5340 or via email to jmartin@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,

Jeanine Martin
Credentialing Coordinator, Access Management Co., LLC