

[Carrier's Name]

[Carrier's Street Address]

[Carrier's City, State, Zip code]

[Date]

[Provider's Name]

[Provider's Company Name]

[Provider's Street Address]

[Provider's City, State, Zip code]

Re: Denial of Application for Inclusion in Provider Network

Dear [Provider's Name],

We are writing to acknowledge your application for inclusion in the provider network for [Carrier's Name] as a [Provider Specialty] submitted [Date of Submission]. After completing a careful review of your application and supporting credentials, our company has concluded that we are unable to include you in the provider network. Based on our review, the application was denied for the following reasons:

[Reasons for denial].

If you have questions concerning the denial of your application please contact our network provider service department at 888.555.1212.

Sincerely,

[Carrier Representative]

Provider Relations Department

CC: NV Division of Insurance