[Carrier’s Name]

[Carrier’s Street Address]

[Carrier’s City, State, Zip code]

[Carrier’s NAIC Company Code]

[Date]

[Provider’s Name]

[Provider’s Company Name]

[Provider’s Street Address]

[Provider’s City, State, Zip code]

[Provider’s National Provider Identification Number]

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:

[Specific enumerated reason(s) for denial].

A copy of this letter is being sent to the Commissioner of Insurance pursuant to SB 234 of the 2019 Nevada Legislative Session. The contents of this letter will be de-identified and aggregated as part of an annual report compiled by the Commissioner. Beyond the aggregated data required under subsection 3 of section 26 of SB 234, the Commissioner will keep the contents of this letter confidential.

If you have questions concerning the denial of your application, please contact our network provider service department at 888.555.1212. Please note, [enter the appeal status of the provider here, e.g. appeal available, appeals exhausted, etc.].

Sincerely,

[Carrier Representative]

Provider Relations Department

CC: Commissioner Richardson, NV Division of Insurance