

[Your Name]  
[Your Title]  
[Your Organization]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Recipient Organization]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Provider Participation in UnitedHealthcare (UHC) Network

I hope this message finds you well. We are reaching out to discuss the opportunity for [Provider's Name] to join the UnitedHealthcare network as a participating provider.

As a partner in the UHC network, you will gain access to a vast pool of patients covered under various UnitedHealthcare plans. This partnership aims to enhance care delivery and streamline processes for both providers and members.

Please find attached the necessary documentation and details regarding participation requirements, reimbursements, and the onboarding process. We encourage you to review the material and reach out to us with any questions or for further clarification. We look forward to the possibility of collaborating with you to provide quality healthcare services to our mutual patients.

Thank you for considering this opportunity.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]