

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

[Recipient Name]
[Recipient Title]
[UHC Provider Network]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request information regarding the application process for becoming a provider in the UnitedHealthcare (UHC) network.

I am a [your profession, e.g., physician, therapist, etc.] with [number of years] years of experience in [your specialty or field]. I am particularly interested in joining UHC to better serve my patients and contribute to the healthcare community.

Could you please provide me with the necessary application forms, eligibility requirements, and any other pertinent information?

Additionally, I would appreciate any insights into the timeline for the application process.

Thank you for your time and assistance. I look forward to your response.

Sincerely,

[Your Name]
[Your Title/Position]