

Provider Request to Negotiate Health Network Agreement

Date

Provider Relations *[or name of individual, if known]*
Insurance Carrier
Address

Re: Provider Name:
Provider NPI/Organization NPI:
Practice Tax Identification Number:

Dear Provider Relations *[or last name, if known, e.g., Ms. Smith]*,

I am writing on behalf of myself *[and/or additional individuals and group name]*. I am requesting the opportunity to negotiate and amend provisions of my healthcare provider agreement with *[carrier or network contractor]*. In particular, I am requesting an increase in reimbursement rates for the healthcare services that I provide to *[carrier name]* plan members.

Increases in healthcare practice costs driven by recent inflationary pressures and rising labor costs require greater reimbursement for healthcare services than offered. The Consumer Price Index stated by the Bureau of Labor Statistics rose 6.9 percent for 2023 alone without considering the even higher rate of inflation for last year. *[We/I]* cannot afford rising costs with static or decreasing rates of reimbursements for patient care.

[Other] [Apart from this request to negotiate higher levels of reimbursement for care, I am requesting changes to the following provisions of our agreement.]

To facilitate negotiation of reimbursement increases, I am requesting the following amounts for these CPT codes.

CPT Code Requests: *[list CPT code, increase percent requested, and amount requested]*

[Code: x% increase, new rate \$__]

[Identify the percentage/number of carrier members treated by you and your practice.] [Identify the number of years you have been a contracted provider.] [Identify any quality measure/report that applies to you and your practice, e.g., patient satisfaction report.]

[I/we] wish to continue providing care to *[carrier/network]* members. Nevertheless, *[I/we]* cannot afford to absorb rising costs while maintaining a quality healthcare practice. Please advise of your availability for this discussion. If *[I/we]* do not receive a reply by *[date]*, *[I/we]* will assume you have no interest in discussing our agreement.

Thank you for your consideration,

Provider,

[Contact information]