

Ancillary Services Letter of Intent

The purpose of this letter of intent is to assist Point32Health in assessing your candidacy as a participating provider. Along with your completed [Ancillary Contracting and Credentialing Application Form](#), please submit a Letter of Intent, which will assist us in assessing and expediting your request to become a Point32Health participating provider. Your letter should include the following:

- Description of services provided
- Reason for requesting a contract with Point32Health
- Service area/locations
- Primary contact name, telephone number, and email address

This is not an Agreement and submitting this information does not guarantee that Point32Health will send an Agreement. The information provided will be reviewed and you will receive information regarding next steps as appropriate, including, but not limited to, credentialing and the sending of an Agreement for signature. Such Agreement will not be effective until countersigned by the applicable Point32Health entity, which will include the effective date upon when you will be considered credentialed, contracted, and able to see members as a participating provider. We reserve the unqualified right to reject any and all participation requests.