

Letter of Intent

The purpose of the letter of intent is to assist your Contract Manager in assessing your candidacy as a Harvard Pilgrim participating provider*. Your letter should include:

1. Name and clinical degree (i.e. MD, DO, NP, DMD, etc)
 - a. Legal entity name if different from above (i.e. group name)
 - b. Name and title of individual authorized to execute the contract (if different from above)
2. Board specialty
 - a. If primary care specialty, will you hold a panel?
 - b. If NP, will you be billing your NPI as the servicing provider, or under your supervising MD?
3. Description of services to be provided
 - a. If available, please provide CPT codes you bill in your practice
4. Reason for requesting a direct contract with Harvard Pilgrim
5. Practice demographics (address, phone number, and website, if applicable)
6. Primary contact name, telephone number, and email address (if different than above)
7. Tax Identification Number
 - a. Pay-to name if different from name indicated above
8. NPI
9. Hospital affiliation(s) and/or collaborating physician/admitting arrangements
10. Do you expect to be marketed/listed in Harvard Pilgrim's online provider directory for member?
(Note: Certain provider specialties are never marketed/listed)
11. If applicable, what laboratories do you use for diagnostic testing?
(Note: Harvard Pilgrim requires the use of participating providers for any diagnostic tests ordered)

**If you are requesting to participate in the Harvard Pilgrim provider network as a new group, please provide the above information for each of your providers practicing within your group*