

SAMPLE "Letter to Load"

[Practice Letterhead]

Date _____

WellCare Health Plan of Kentucky
 13551 Triton Park Boulevard, Suite 1800
 Louisville, KY 40223

Re: CREDENTIALING – Provider list for **new contract**

This letter authorizes WellCare Health Plans to load the list of providers below to the following:

Tax Identification #: _____

GROUP NPI: _____

Physical Address(es): _____

Pay To Name: _____

Pay To (Vendor) Address: _____

Name	Licensure	NPI	PCP: YES or NO?	CAQH #	Medicaid #	Medicare #

Thank you,
 Authorized Signatory
 Title