

SAMPLE "Letter to Load"

[Practice Letterhead]

Date _____

Send To: **.ky_providercorrection@wellcare.com**

Re: CREDENTIALING - Adding providers

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