

# 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