

# ***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:** \_\_\_\_\_

\_\_\_\_\_

| <b>Name</b> | <b>Licensure</b> | <b>NPI</b> | <b>PCP: YES or NO?</b> | <b>CAQH #</b> | <b>Medicaid #</b> | <b>Medicare #</b> |
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Thank you,  
Authorized Signatory  
Title