

[Date]

[Candidate Name]

[Candidate Address]

[City, State, Zip Code]

Dear [Candidate Name],

Thank you for your interest in joining the [Company/Organization Name] provider network and for submitting your registration application.

After a thorough review of your credentials and our current network requirements, we regret to inform you that we are unable to accept your registration as an in-network provider at this time. Please be advised that this decision is based on our current network capacity and geographical needs, and does not necessarily reflect upon your professional qualifications.

As an out-of-network provider, you may still provide services to our members; however, please note that reimbursement will be subject to the member's out-of-network benefit levels, which may result in higher out-of-pocket costs for the patient.

We will keep your information on file should our network needs change in the future. You are welcome to re-apply for network participation after [Time Period, e.g., six months].

Thank you for your time and for the services you provide to the community.

Sincerely,

[Your Name/Department Name]

[Company Name]

[Contact Information]