

[Date]

[Member Name]

[Address Line 1]

[City, State, Zip Code]

Subject: Welcome to [Insurance Company Name] and Referral Request Details

Dear [Member Name],

Welcome to [Insurance Company Name]. We are pleased to have you as a member and are committed to supporting your healthcare needs. Your Member ID is: [Member ID Number].

We are writing to acknowledge your immediate request for a specialist referral. To process this request, please ensure the following steps are completed:

- **Primary Care Provider (PCP) Consultation:** Please visit your assigned PCP, [PCP Name], to discuss your medical necessity for specialist care.
- **Referral Submission:** Your PCP must submit the formal referral request electronically or via fax to our Authorization Department.
- **Specialist Information:** Please provide the name and NPI number of the specialist you wish to see to your PCP to ensure they are within our provider network.

Once the referral is submitted by your doctor, we will review it within [Number] business days. You will receive a notification via mail or through our member portal once a decision is made.

If you have questions regarding your benefits or need assistance finding an in-network specialist, please call our Member Services department at [Phone Number] or visit our website at [Website URL].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name/Department]

[Insurance Company Name]