

LETTER OF INTENT

July 31, 2017

By submission of this letter [**Organization Name**] indicates our intent to submit a Request for Proposals response for *QualityPath®* Colonoscopy. [**Main contact’s name**] will serve as the point of contact for *QualityPath* for this initiative and [**his/her/my**] contact information is listed below.

[**Contact information if not in email/letter signature: Name, Organization, Phone and Email**]

[**Organization Name**] recognizes that *QualityPath* Colonoscopy program participation is dependent on all provider(s) involved in rendering care for the *QualityPath* Colonoscopy episode actively acknowledging and agreeing to the program requirements. To assist The Alliance with planning for the program, we identify below any providers that will submit a claim form to The Alliance for colonoscopy procedures we perform:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Provider Name/Practice Name | Does this provider bill separately? (Y/N) | Contact Information (Name, Phone, Email, etc.) |
| Practitioner Services |  |  |  |
| Facility Services |  |  |  |
| Anesthesia Services |  |  |  |
| Pathology Services |  |  |  |
| Other Services  Please specify: |  |  |  |

Thank you,

[**Signature**]