

**LETTER OF INTENT TO CONTRACT WITH AMERIHEALTH CARITAS NEW HAMPSHIRE  
FOR THE PROVISION OF SERVICES TO NEW HAMPSHIRE MEDICAID RECIPIENTS**

AmeriHealth Caritas New Hampshire (ACNH), is currently developing a network of vision providers in order to satisfy New Hampshire Department of Health and Human Services (NHDHHS) Medicaid Managed Care requirements to provide vision services to Medicaid recipients.

Please sign below to indicate your intent to enter into contract negotiations with ACNH for participation in its provider network for the provision of vision care services to New Hampshire Medicaid recipients who will be enrolled with ACNH.

This Letter of Intent is non-binding. Signing this Letter of Intent does not obligate you to sign a contract with ACNH.

Either you or ACNH may terminate this Letter of Intent at any time by notifying the other party in writing. Please also complete the attached Provider Contract Inquiry Form. Providing specific information regarding your practice(s) and/or facility will help ACNH demonstrate provider network adequacy, as well as provide you with the appropriate contract(s) in the near future.

By signing this Letter of Intent, you agree to allow ACNH to identify you to NHDHHS and to the New Hampshire Insurance Department (NHID) as a potential provider in the ACNH provider network. ACNH will not otherwise identify you as a network provider with ACNH until you sign a definitive provider agreement. NHDHHS and NHID may use this Letter of Intent to evaluate ACNH's network adequacy standards for Medicaid recipients.

**Please check the applicable box below:**

Provider identified below is a New Hampshire Medicaid provider.

Provider is **not** currently a New Hampshire Medicaid provider but intends to apply.

This Letter of Intent is subject to review and/or approval by NHDHHS and may be amended by ACNH to comply with NHDHHS requirements.

***Please sign the Letter of Intent and return all documents, as soon as possible. Return by email to [newhampshireprovidernetwork@amerihealthcaritas.com](mailto:newhampshireprovidernetwork@amerihealthcaritas.com).***

***E-mail Provider Network Management at [NewHampshireProviderNetwork@AmeriHealthCaritas.com](mailto:NewHampshireProviderNetwork@AmeriHealthCaritas.com), or call 1-888-599-1479 with questions.***

\_\_\_\_\_  
*Business Entity (as appears on Business W-9)*

\_\_\_\_\_  
*Primary Tax ID*

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Email Address of Signer*