

## SelectHealth Letter of Interest

Once your Letter of Interest is received, your information will be placed on the waiting list and maintained for consideration in the future. Please update us with any change to your primary location or any other demographic change so we can keep information on file current. SelectHealth Provider Development may contact you in the future if there is a need to expand our network in your area.

**As applicable:**

Provider Credential (CMHC, LCSW, LMFT, OD, OT, PhD, PT, SLP, AUD, Other) \_\_\_\_\_

Facility/Vendor Type \_\_\_\_\_

**APPLICANT INFORMATION:**

Provider/Facility/Vendor Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_

**ADDITIONAL INFORMATION: ALL FIELDS REQUIRED**

Primary Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Services Provided \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age of Population Served \_\_\_\_\_

\_\_\_\_\_

**RETURN COMPLETED FORMS TO:**

**Mail:**

SelectHealth  
Attn: Provider Development  
5381 Green St.  
Murray, UT 84123

**Email:**

[provider.development@selecthealth.org](mailto:provider.development@selecthealth.org)

If you have questions, please contact your Provider Relations representative at **800-538-5054** or **[provider.development@selecthealth.org](mailto:provider.development@selecthealth.org)**.