

Western Physicians' Alliance

6490 S. McCarran Blvd., C-24
Reno, NV 89509
(775) 827-5775 (775) 333-0229 Fax

Letter of Intent

Physician Name: _____

Group Name: _____

Primary Address: _____

Phone: _____ **Fax:** _____

Tax ID #: _____

Call Coverage: _____

Hospital Privileges: _____

Specialty: _____

Practice Manager: _____

Email address: _____

Practice website _____