

Date

Address

Dear xxxx:

You have been recommended by local physicians and counselors to us as a potential contractor with XXXX Medical Society. I am writing you to consider engaging with us for contractual psychological services for our members.

NAME/ABBREVIATION OF PROGRAM is a local physician membership organization with more than XXXX active physician or mid-level members. In order to keep a healthy physician workforce for CITY/STATE, we are investing in helping change the culture of professional isolation which leads many to despair and destructive behaviors.

By all accounts, US physicians are stretched and stressed to the point of breaking. The rapidly changing health care reform environment has created inhuman demands of doctors. Nearly 90% of physicians are moderately to severely stressed. Physician suicides rates are between 1.4 to 2.3 times the general population. While the majority of physicians, especially those employed by large groups or health systems, have access to Employer Assistance Plans, utilization of such services is uniformly low.

Taking the cue from other regional medical societies which have started such programs, NAME/ ABBREVIATION OF PROGRAM is now working to set up a sponsored benefit for its members which would allow them rapid and emergency access to confidential counseling help.

We have these goals in trying to reduce the barrier for physicians looking for help:

- Provide for easy and timely access to psychological care based on regular, urgent or emergent. Care must be provided by seasoned and certified professional counselors who are familiar with the stressors associated with the medical profession.
- Ensure that that access is completely confidential with neither their employer nor NAME/ ABBREVIATION OF PROGRAM knowing who has accessed the service.
- Allow for a limited number of counseling sessions as a membership benefit at no cost to the physician.

Based on investigations of other medical societies' programs, we can expect between 5-7% of membership might utilize these services each year. For NAME/ABBREVIATION OF PROGRAM, that would mean an estimated XXXX members per year, with multiple visits per member (a maximum of XXXX visits per member).

You are one provider we are requesting proposals from in order to contract this service. If you are interested in this possibility, please send the following information to the address below describing the following:

- Location of office
- Size of counseling group and qualifications of providers
- Appointment process (single point of contact or multiple) - is an emergent helpline available?
- Ability to process monthly billing to NAME/ABBREVIATION OF PROGRAM with aggregated, disidentified demographics
- Maintain professional liability insurance coverage applicable to your licensure in a minimum amount of one million dollars (\$1,000,000) per occurrence/claim and three million dollars (\$3,000,000) in the aggregate
- Proposed per appointment fee

Please return this information to me at the address below by DATE for consideration. I will be in touch with you thereafter if we select you for a follow-up conversation and on-site interview.

Sincerely,