

# 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** \_\_\_\_\_