

**LETTER OF INTENT FORMAT**  
**(Please copy onto applicant letterhead)**

[Date]

Physician-Focused Payment Model Technical Advisory Committee  
C/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health Policy  
200 Independence Avenue S.W.  
Washington, D.C. 20201  
[PTAC@hhs.gov](mailto:PTAC@hhs.gov)

Letter of Intent – [Submitter name, topic of proposal]

Dear Committee Members,

On behalf of [submitting entity], I would like to express intent to submit a Physician-Focused Payment Model for PTAC review on [insert date, *must be at least 30 days after date of letter*].

Payment Model Overview

Goals of the Model

Expected Participants

Implementation Strategy

Timeline

Signature [Names and addresses]