

Complete and submit this form to terminate a provider and re-assign members or to close a practice or practice site. Use the *Provider/Practice Change Form* to submit a provider or practice change.

Check appropriate box: PCP Note: Include PCP Re-assignment Instructions (Section IV). Specialist

Section I. Person Completing this Form			
Name (Last, First, MI)		Phone No.	Email Address
Signature X		Date Signed (MM/DD/YYYY)	
Section II. Provider Information			
Provider Name (Last, First, MI)		Provider NPI No.	
Group Practice Name		Group NPI No.	Group Tax ID No.
Section III. Reason for Termination. Check (✓) only one box.			
Reason	Effective Date (MM/DD/YYYY)	Reason	Effective Date (MM/DD/YYYY)
<input type="checkbox"/> Deceased		<input type="checkbox"/> Leave of Absence**	
<input type="checkbox"/> Practice Closed*		<input type="checkbox"/> Resigned	
<input type="checkbox"/> Retired		<input type="checkbox"/> Provider Sanctioned**	
<input type="checkbox"/> Moved Out-of-State		<input type="checkbox"/> Sabbatical**	
<input type="checkbox"/> Transferred	Group Name		Effective Date (MM/DD/YYYY)
<input type="checkbox"/> Other – Please Explain	Explanation		Effective Date (MM/DD/YYYY)

*If different than Group Practice listed in Section II, give practice name, city and state in Section V.

**Give detailed explanation (such as, duration of absence for leave/sabbatical or sanction specifics) in Section V.

Section IV. PCP Re-Assignment Instructions			
<input type="checkbox"/> Please reach out to members for re-assignment. NOTE: Please attach a list of members' names and addresses on separate page in Excel format.			
<input type="checkbox"/> Please re-assign member panel to PCP named below.			
PCP Full Name		NPI No.	Individual PHP No.

Section V. Additional Information

Mail Fax Email	Internal Use Only
QualChoice P.O. Box 25610 Little Rock, AR 72221 F: 833.681.2503 E: PR@QualChoice.com	<input type="checkbox"/> Date rec'd by PR _____ Initials _____ <input type="checkbox"/> Credentialing required? <input type="checkbox"/> Y <input type="checkbox"/> N Initials _____ <input type="checkbox"/> Date rec'd by Prov Data Team _____ Initials _____ <input type="checkbox"/> Date QA completed _____ Initials _____