

## CLOSING OFFICE FORM

*Note: The effective date for closing an office is based on the timeline established in the Provider Participating Agreement.*

**Requestor's Contact Information:**

***\*Complete all fields below.\****

Requested By:	
Requestor's Phone Number:	
Requestor's Fax Number:	

**Office and Provider Information:**

***\*Complete all fields below.\****

Office Name:	
Office Closing Address: <i>Street, City, State, Zip Code</i>	
Provider(s) Tax ID:	
Office Closing Date:	

\*I understand this location will be updated as closed for **all** providers with this Tax ID.\*

**Authorized Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Fax completed form to: 844-927-1373**

**or email to:**

**[Envolve.Provider.Maintenance@centene.com](mailto:Envolve.Provider.Maintenance@centene.com)**

**If you have any questions, please contact Customer Service at 1-800-531-2818.**