

PROVIDER TERMINATION FORM

The Participating Provider Agreement (PPA) termination will be effective based on the "Without Cause" timeline established in the PPA from date of receipt of this form. Providers shall continue to provide Covered Services to a member until the approved termination date.

- Terminate **all** under this Tax ID
 - I understand **all** will be terminated from **all** products and locations under this Tax ID.
- Terminate provider (NPI) Only
 - I understand **all** products and locations will be terminated under the provider Tax ID and NPI(s).
- Terminate provider under all Tax ID's
 - I understand **all** products and locations will be terminated under **all** Tax Id's for this NPI.

Requestor's Contact Information:

Complete all fields below.

Effective Date:	
Requested By:	
Requestor's Phone Number:	
Requestor's Email Address:	
Fax Number:	

Office and Provider Information:

Provider(s) Name:	
Provider(s) NPI:	
Provider(s) Tax ID:	
Office/Group Name:	

Reason For Termination

- | | | |
|--|---|--|
| <input type="checkbox"/> Office Closed | <input type="checkbox"/> Retired | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> No longer at location | <input type="checkbox"/> Do not wish to participate | <input type="checkbox"/> Reimbursement Issue |
| <input type="checkbox"/> Other: _____ | | |

Authorized Signature: _____ **Date Signed:** _____

*To rejoin the provider panel, a new PPA must be executed and Credentialing completed if no active Credentialing exists. *

Mail	or	Fax	or	Email
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Should you have any questions, please contact Customer Service @ 800-531-2818.