

## **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 <b>all</b> under this Tax ID  - I understand <b>all</b> will be terminated from <b>all</b> products and locations under this Tax ID.						
	Terminate provider (NPI) C - I understand all product	-	ations will l	oe terminated i	under tl	he provider Ta	x ID and NPI(s).
0	Terminate provider under a - I understand all produc			be terminated	l under	all Tax Id's fo	or this NPI.
Requestor's Contact Information:				*Complete all fields below.*			
E	Effective Date:						
Requested By:							
Requestor's Phone Number:							
F	Requestor's Email Address:						
Fax Number:							
Offi	ce and Provider Information:						
P	rovider(s) Name:						
Provider(s) NPI:							
Provider(s) Tax ID:							
О	Office/Group Name:						
Rea	son For Termination						
	Office Closed		Retired				Deceased
	No longer at location		Do not wis	sh to participat	e		Reimbursement Issue
	Other:						
Aut	horized Signature:					Date Sig	gned:
	*To rejoin the provider panel,	a new PP.	A must be ex	xecuted and Cre	dentiali	ing completed if	no active Credentialing exists.*
	Mail Envolve Vision, Inc. P.O. Box 7548	or	844	Fax -927-1373	or	Envolve.Pro	Email vider.Maintenance@centene.com

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

Rocky Mount, NC 27804