

Provider Request for Termination Form

Fax completed form to: (614) 234-8673

Office Practice Contact Person	Phone Number
Fax Number	Email Address
Provider Name	Provider NPI
Group Practice Name	Tax ID
Effective Date With Practice	

Provider Termination Information

Provider Name	Provider NPI
Group/Practice Name	Group NPI
Date of Termination	

Provider Name	Provider NPI
Group/Practice Name	Group NPI
Date of Termination	

If you have any questions, contact our Provider Service Center at **(614) 546-3138** or **800-991-9907**.

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to Mount Carmel MediGold (HMO/PPO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).