

Office Practice Contact Person

Provider Request for Termination Form

Fax completed form to: (614) 234-8673

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	

Phone Number

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

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