



## Provider Request for Termination Form

Fax completed form to: (614) 234-8673

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

### Provider Termination Information

<b>Provider Name</b>	<b>Provider NPI</b>
<b>Group/Practice Name</b>	<b>Group NPI</b>
<b>Date of Termination</b>	

<b>Provider Name</b>	<b>Provider NPI</b>
<b>Group/Practice Name</b>	<b>Group NPI</b>
<b>Date of Termination</b>	

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

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