



PRACTITIONER TERMINATION REQUEST

Practitioner Name:

Practitioner NPI:

Termination effective date:

Is this termination voluntary? (Y/N)

Group TIN:

Group NPI:

Is the practitioner terming from **all** locations under this TIN?

****Is this practitioner a PCP (Primary Care Provider)?**

If YES, please provide the information of the new PCP for the assigned members:

Practitioner Name:

Practitioner NPI:

Provider Data Management



WSCC_Provider_Updates@westernskycommunitycare.com

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