



PCP Termination (2000+ Members)

Please fill out page 1 and submit the form to your designated IEHP Contact.

TERMING PROVIDER INFORMATION		
Provider Name		
NPI		
TIN		
Date Provider Notified IEHP		
Effective Date of Termination		
Reason for Termination (i.e., Retirement, Death, Left Office)		
Membership Count		
Age Range of Membership		
Directions: List all PCPs that will be receiving Membership assignment from terming Provider.		
PCP Replacement #1	Name:	
	Provider Type (FM, IM, Peds):	
	NPI:	Age Range:
	Address:	
PCP Replacement #2	Name:	
	Provider Type (FM, IM, Peds):	
	NPI:	Age Range:
	Address:	
PCP Replacement #3	Name:	
	Provider Type (FM, IM, Peds):	
	NPI:	Age Range:
	Address:	
Is there an Advanced Practice Provider attached? Include directions (term APP or transfer to new supervising Physician)	Yes No	



IEHP USE ONLY			
IPA(s) Affected			
Membership Count (NDDDB)		Age range accounted for in PCP Replacement(s)?	Yes No
PCP Replacement #1	New Address Mileage:		
PCP Replacement #2	New Address Mileage:		
PCP Replacement #3	New Address Mileage:		
Count of APPs Attached			
PCP Termination Verified By			