Attention: Provider Services
910 Douglas Pike
Smithfield, RI 02917
Phone: 1-401-459-6020 or 1-800-459-6019
Fax: 1-401-709-7066

Practitioner Termination Notification Form

Please complete this form and return via fax or mail to Neighborhood Provider Services. Address information above.

Date: _____ **Number of pages (including this cover sheet):** _____

Provider Group Name: _____ **Site Liaison/Contact Name:** _____

Phone Number: _____ **Fax Number:** _____

A. Current Information
Practitioner Name:
Neighborhood ID #:
Termination Date:
B. Network Participation
Please indicate the practitioner's reason for leaving the provider group:
❑ Retirement ❑ Moved out of state ❑ Left the group" ❑ Other:
"Does the practitioner wish to remain in the network: ❑ Yes ❑ No ❑ Unknown
C. New Practice Information
Provider Group Name:
Phone Number: Fax Number:
Start Date: Contact Name:
D. Member Information
Does this practitioner currently have a panel of Neighborhood members assigned to him/her? ❑ Yes ❑ No
If so, to whom should the members be reassigned? Please list practitioner name(s) and specifications as necessary:
Name: Neighborhood Provider ID #:
Name: Neighborhood Provider ID #:
Notes:
D. Authorized Signature
The information on this form is accurate and may be processed accordingly.
Signature: Date: