Application to request termination

Complete and return via FAX (855) 849-1103

Practitioner's complete name			
Practitioner's NPI#			
Termination date			
Group's name			
Group's NPI#		Group's TIN#	
Reason for termination request?			
Where is the provider now?			
If provider terminating is a PCP, who will take his/her current members? *Provide doctor's full name, NPI and location within the group. The new provider must accept new Molina patients*			
Office Manager name, phone# and email			
Who filled out this request? *Provide full name, title, and phone*			