

Nevada Medicaid and Check Up
Request for Termination of Service

Purpose: Use this form to terminate service with an existing provider to allow the new provider to submit an authorization request. The new provider completes this form. Please submit this form online with the request for prior authorization.

Questions? Call: (800) 525-2395

DATE OF REQUEST: ____ / ____ / ____

SECTION I: SERVICE TYPE *Indicate the type of service for which you are requesting a termination of service.*

- Behavioral Health
 Dental/Orthodontia
 DME
 Home Health
 Inpatient Medical/Surgical
 Inpatient LTAC
 Inpatient Rehab
 Outpatient Medical/Surgical
 Outpatient Rehab
 Outpatient Therapy
 PRTF

SECTION II: REQUEST

- | | |
|---|---|
| <input type="checkbox"/> Terminate Service with existing provider to allow submission of prior authorization request from new provider. | <input type="checkbox"/> Termination date with existing provider: ____ / ____ / ____ |
|---|---|

SECTION III: RECIPIENT INFORMATION

| | |
|--------------|----------------|
| Last Name: | First Name: |
| Medicaid ID: | Date of Birth: |

Recipient must complete the following section and sign below:

I (*print recipient name*) _____ am requesting that services be terminated with (*print name of current/terminating agency*): _____.

I understand this will end my services with my current/terminating provider listed in Section V of this form.

The effective date for termination is: (*date*) _____.

Recipient signature: _____ **Date:** _____

SECTION IV: NEW REQUESTING PROVIDER INFORMATION

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|--|
| New/Requesting Provider Group Name: |
| Individual Representative from New Provider (<i>print name</i>): |
| New/Requesting Provider Agency NPI: |
| New/Requesting Provider Name: |
| New/Requesting Provider Agency Phone Number: |

Provider Signature: _____ **Date:** _____

SECTION V: CURRENT / TERMINATING PROVIDER INFORMATION

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|---|
| Current/Terminating Provider Agency Name: |
| Current/Terminating Provider Agency Contact Name (<i>print name</i>): |
| Current/Terminating Provider Agency Phone Number: |

