## 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		
Terminate Service with existing provider to allow submission of prior authorization request from new provider.	☐ 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		
New/Requesting Provider Group Name:		
Individual Representative from New Provider (print name):		
New/Requesting Provider Agency NPI:		
New/Requesting Provider Name:		
New/Requesting Provider Agency Phone Number:		
Provider Signature:	Date:	
SECTION V: CURRENT / TERMINATING PROVIDER INFORMATION		
Current/Terminating Provider Agency Name:		
Current/Terminating Provider Agency Contact Name (print name):		
Current/Terminating Provider Agency Phone Number:		

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SECTION VI: SERVICES List all services that will terminate with current provider.		
HCPCS/CPT/CDT Code	Description	End date for each service
SECTION VII: ADDITIONAL DETAILS Additional comments or contact information not specified above that would assist in the completion of this request		

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