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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Recipient Name: _____ Date of Request:_____

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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