

PROVIDER NOTIFICATION OF TERMINATION

To submit this form, download it to your computer, complete and save, and attach it to an **email to:** ProviderNetworkServices@coaccess.com. You may also **fax:** 303-755-2368, or **mail:** Colorado Access, Attn: Provider Network Services, PO Box 17580, Denver, CO 80217-0580.

PROVIDER TERMINATION

Provider name:
Provider NPI:
Tax ID:
Effective Date of Termination:
Is provider being termed from all service location NPIs under this Tax ID? (Form will be rejected if not answered) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list service location NPIs that need to be termed: