



Physician Performance LLC

Provider Termination Form

Effective date of termination may be impacted by contract terms and follow up may be required.

Termination dates can't be back dated.

Group legal name:	TIN:
Provider name:	Provider NPI:
Termination Date from Group:	

Reason for termination (please check only one box):

- | | |
|--|--|
| <input type="checkbox"/> Resigned | <input type="checkbox"/> Provider sanctioned:* |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Sabbatical* |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Moved out of state |
| <input type="checkbox"/> Leave of absence* | <input type="checkbox"/> Other _____ |

*Please provide a short explanation of the details for termination (e.g. duration of leave, why sanctioned, sabbatical specifics). _____

Which Provider in the practice will take over the patient panels of the terminated provider:

Authorized Representative for TIN: _____

Title: _____

Signature: _____

Date: _____

Form submitted by: _____

Email: _____