



**Managed Care Primary Medical Provider Disenrollment Without Re-enrollment Form**

<input type="checkbox"/> <b>Advantage</b>	<input type="checkbox"/> <b>Anthem</b>	<input type="checkbox"/> <b>MDwise</b>	<input type="checkbox"/> <b>Managed Health Services (MHS)</b>
Date Submitted:	Mail to: <b>EDS Provider Enrollment Managed Care P.O. Box 7263 Indianapolis, IN 46207-7263</b>	For questions, call (877) 707-5750	Please select applicable <b>Program</b> <input type="checkbox"/> Risk Based Managed Care(RBMC) <input type="checkbox"/> Care Select

**Instructions**

Please complete this form to request a PMP service location disenrollment from the above programs. The PMP's disenrollment notification letter with a valid signature must accompany the PMP disenrollment request form. Please include ZIP+4 on all addresses on this form.

**Information**

1. MCE contact name:	2. MCE Contact Phone number:	3. MCE Contact E-mail:
4. Provider Name:	5. IHCP Provider Number:	6. Provider NPI Number:
7. Is the PMP disenrolling from a PMP individual service location(s)? (Care Select users: If more than two service locations, utilize additional forms) Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. Individual existing service location address #1:		8a. Alpha Service location Code:
9. Individual existing service location address #2:		9a. Alpha Service location Code:
10. Is the PMP disenrolling from a PMP group service location(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Group Number:	12. Group NPI Number:	
13. Group service location address #1:	13a. Alpha Service location Code:	
14. Group service location address #2:	14a. Alpha Service location Code:	
15. PMP service location disenrollment desired effective end date:		

PMP disenrollments are processed on the 24<sup>th</sup> of the month; the effective end-date will be the last date of the current month the PMP disenrollment is approved. (Care Select PMPs with a voluntary disenrollment reason, the effective end date will be the last date of the month that follows 59 days after the disenrollment is approved.)

**For Completion by EDS Staff Only**

Date received:	Date completed:	Completed by:
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