

Practice Updates

Provider Termination Request Form

VBA has partnered with Aperture Credentialing and the Council for Affordable Quality Healthcare (CAQH) to verify provider information and credentialing. Any updates made through this form must also be updated in your CAQH application. We encourage you to review your practice information periodically for accuracy and completeness.

*Today's Date: _____ Office Contact: _____

*Effective Date of Change: _____ Contact Phone Number: _____

*Reason for Request

___ Terminate Office

___ Terminate Participating Provider

Office and Provider information

*VBA Provider ID Number: _____ *Current Practice Tax ID Number: _____

Practice Name: _____

*Current Practice Full Address: _____

*Current Practice Telephone Number: _____ Current Practice Fax Number: _____

*Provider's Name and NPI: _____

Provider's Name and NPI (2): _____

If there are multiple providers per office, please indicate and attach list.

*Reason for Termination

___ Closed Practice

___ Reimbursement Rates

___ Doctor Retired

___ Unsatisfied with Lab Choices

___ Doctor Deceased

___ Communication

___ Doctor Left the Practice

___ Other, Please explain: _____

*Authorized Signature: _____ Date: _____

(Sign Name in full)

*Print Name: _____

(Print Name in full)

**Required field*

Submit complete request to Provider Relations by fax to 412-885-5646 or email to providers@vbaplans.com

400 Lydia Street, Suite 300
Carnegie, PA 15106
1-800-432-4966
www.vbaplans.com

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