



# PROVIDER TERMINATION REQUEST TO U OF U HEALTH PLANS

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If you have several provider termination requests, you may include a provider roster with the below information. This information is required to complete this request.

Please email to [MHCPProviderRelations@hsc.utah.edu](mailto:MHCPProviderRelations@hsc.utah.edu).

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GROUP TAX ID NUMBER:

GROUP NPI NUMBER:

GROUP NAME:

INDIVIDUAL NPI NUMBER:

PROVIDER NAME:

EFFECTIVE DATE OF TERMINATION:

REASON: