

Termination Form



An Independent Licensee of the Blue Cross Blue Shield Association

Use this form to notify AZ Blue of a termination. Check the scenario that best describes the reason for the termination:

- 1. Provider will **no longer be practicing in Arizona** (*moving out of Arizona, retiring from practice, or is deceased*)
- 2. Provider will be **resigning from an AZ Blue provider contract** (*will no longer be considered in-network for Blue Cross® Blue Shield® benefit plans, but will continue to provide out-of-network services in Arizona*)
- 3. Provider will be **ending an affiliation with a tax ID** (*will remain in-network and affiliated with other tax IDs in Arizona*)

PROVIDER INFORMATION <i>(Required)</i>	Provider Last Name, First Name, MI, or Entity Name		
	Degree <i>(if applicable)</i>		NPI Number
	Tax ID Number		
CONTACT PERSON	Name and title of contact person preparing this form on behalf of a provider	Email	Phone
EXPLANATION <i>(Required: Complete section 1, 2, or 3 to explain the applicable scenario)</i>	1. Explain why provider will no longer be practicing in Arizona (<i>i.e., moving out of Arizona, retiring from practice, is deceased</i>)		
	Note: When planning to relocate outside of the Arizona service area, please request a network participation contract from the BCBS Plan covering the service area of your new location. For more information, visit the BCBS Companies and Licensees page.		
	Termination Effective Date <i>(mm/dd/yyyy)</i>		
	/ /		
	2. Explain why provider will be resigning from an AZ Blue contract (<i>will no longer be considered in-network for Blue Cross Blue Shield benefit plans, but will continue to provide out-of-network services in Arizona</i>)		
	Note: When a provider terminates a contract, we do not offer retroactive effective dates in the process of negotiating a new contract for network participation. We require a provider signature for resignations (may not be signed by anyone else).		
	Termination Effective Date <i>(mm/dd/yyyy)</i>		
/ /			
Note: Termination effective date must be in accordance with contractual agreement			
3. Enter tax ID(s) to indicate which affiliation(s) the provider will be ending (but will be continuing with other tax IDs)			
Tax ID:	End Date:	Tax ID:	End Date:
Tax ID:	End Date:	Tax ID:	End Date:
Tax ID:	End Date:	Tax ID:	End Date:
If provider is ending affiliations with more tax IDs, please attach a list.			
Provider is still affiliated with one or more tax IDs? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, complete #2 above to confirm your resignation from your AZ Blue contract.			

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