# HEALTH PLANS
UNIVERSITY OF UTAH

# PROVIDER TERMINATION REQUEST

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 Provider.Relations@hsc.utah.edu.**

GROUP TAX ID NUMBER:

GROUP NPI NUMBER:

GROUP NAME:

INDIVIDUAL NPI NUMBER:

PROVIDER NAME:

EFFECTIVE DATE OF TERMINATION:

REASON: