Louisiana

Request for Termination

Please complete this form to request termination from one or more of our networks. ALL applicable information must be completed on this form before we will terminate network participation.

GENERAL INFORMATION

Provider Type:

☐ Facility ☐ Group/Clinic ☐ Individual Provider ☐ Other: ____________________

Name of Provider Requesting Termination

Tax ID Number	NPI	Requested Effective Date

If individual provider, are you part of a Group/Clinic? ☐ Yes ☐ No	If yes, what is the name of the affiliated Group/Clinic?	Group/Clinic NPI

NETWORKS BEING TERMINATED

Full Termination

☐ Terminate Provider Record (claims can no longer be filed to Blue Cross)

Reason for termination:

☐ Left Group/Clinic ☐ Deceased ☐ Retired ☐ Closed Practice ☐ Moved Out of State

☐ Other: ____________________

Partial Termination

☐ Terminate this provider from ALL networks (claims can still be filed to Blue Cross as a non-participating provider)

☐ Terminate this provider from the following network(s):

☐ HMO Louisiana, Inc. ☐ Blue Connect ☐ Community Blue

☐ Blue Cross Dental ☐ FEP Preferred Dental ☐ Blue Advantage (HMO)

☐ Medicare Select

Please provide an explanation for terminating the network(s) checked above:

Office Use Only:

Net. Dev. Approval:
☐ Yes ☐ No

Rep Initials: ____________

Approved Term Date:

____

Important Note: Members who have seen the provider within the past 18 months are notified that the provider no longer participates in the applicable networks being terminated.

SUBMISSION INFORMATION (form completed by)

Signature of Authorized Representative	Date
Contact Email Address	Contact Phone Number

Return Form To:

Email: network.development@bcbsla.com

Mail: BCBSLA – Network Development
P.O. Box 98029
Baton Rouge, LA 70898-9029

Fax: (225) 298-7698

Phone: 1-800-716-2299, option 1

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