

Provider Removal Form

Partially completed forms may not be able to be processed. You may receive a phone call or email requesting confirmation of the below information.

Practice Name		Tax ID	
Group NPI		Date	
Submitted By		Title	
Email		Phone	

Example Removal Reasons: Resignation, Retirement, Termination (Dismissal), Moved out of Area, Business Closed, and Deceased

Provider Information

	Provider Name	NPI	End Date	Reason
1				
2				
3				
4				
5				
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8				
9				
10				

If you have any questions or concerns, please reach out to the credentialing department at (406) 523-3136, option 4 or Credentialing@AskAllegiance.com.