



Provider Remove Form

*Partially completed forms may not be able to be processed

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

Provider Information

	Name	NPI
1		
2		
3		
4		
5		

You may receive a phone call requesting confirmation of any of this information.

Please print this and mail to: Allegiance Benefit Plan Management, Inc.
- C/O Provider Relations - P.O. Box 3018 - Missoula, MT 59801-7703
or fax to (406) 523-3139