

DISENROLLMENT REQUEST FORM

Disenrollment Effective Date: _____

Disenrolling As:

- Individual
- Group
- Facility/Organization

Provider Information

Provider Name: _____

Individual Medicaid #: _____

Individual NPI #: _____

Group Medicaid #: _____

Group NPI #: _____

Facility/Organization Medicaid #: _____

Facility/Organization NPI #: _____

Disenrollment Reason:

- No longer Medicaid provider
- Moved out of city or state
- Physician died
- Retired
- Provider terminated
- Changing to private practice
- Other Please specify: _____

Patient 1st PMP patient reassignment (for Patient 1st providers only):

_____ Auto assign patients to other providers in the area.

_____ Auto assign patients to the following Patient 1st provider:

Name: _____

NPI/MCD _____

Provider or Authorized Representative's Signature

Date

Telephone Number

This form should be sent electronically to DXC Technology's Provider Enrollment Unit by sending this enrollment update via the Alabama Medicaid Interactive Web Portal located at the following link.
<https://www.medicaid.alabamaservices.org/alportal/>

After logging in, select the Trade Files/Forms and complete the "ERU-Enrollment Updates" form. You may either upload a PDF version of this completed form or fax this form using the barcoded coversheet that is provided after completing the Enrollment Update form.