ALABAMA MEDICAID
DISENROLLMENT REQUEST FORM

Disenrollment Effective Date: _____

☐ **Medicaid** **(disenrolls provider from ALL Medicaid Programs)**
☐ **ACHN PCP Group Agreement Only** **(terminates ACHN agreement between the Agency and PCP Group)**
**To terminate ACHN and/or DHCP agreements, contact the ACHN*

Disenrolling:

☐ Individual
☐ Group
☐ Facility/Organization

Group/Provider Information:

Group/ Provider Name: _____

Individual Medicaid #:_____

Individual NPI #:_____

Group Medicaid #: _____

Group NPI #: _____

Facility/Organization Medicaid #: _____

Facility/Organization NPI #: _____

Disenrollment Reason:

☐ No longer Medicaid provider
☐ Provider moved out of city or state
☐ Provider died
☐ Provider retired
☐ Provider terminated
☐ Changing to private practice
☐ Other Please specify: _____

_____ _____
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.