



Provider Termination Notification

For provider termination from a contracted group, please complete this form and submit it to providerservices@chcnetwork.org or fax to **510-297-0445** with a termination letter.

For any questions, please contact Provider Services at providerservices@chcnetwork.org

Today's Date:	
Group/Business Name:	
Tax ID:	
Provider Name:	
Provider NPI:	
Specialty:	
Medical License Number:	
Date Provider Left Group:	
Reason Provider is no longer with Group:	
Contact Name:	
Contact's Title/Position:	
Contact Phone:	
Contact E-mail:	
Contact Fax:	
Information Confirmation Signature:	