



ENHANCED SEARCH ACCESS TERMINATION REQUEST FORM

Please complete and return this section to process terminations of enhanced search access.

At this time, _____ requests termination of enhanced search access effective _____ for:

Provider Name: _____

Provider MMIS: _____ Provider NPI: _____

Facility Name: _____

Facility MMIS: _____ Facility NPI: _____

OR

All providers with this enhanced search access affiliated with _____ *

Facility MMIS: _____ Facility NPI: _____

Requester Information: Name: _____

Title: _____

Signature: _____

Date: _____

* The individual requesting termination of search access for all providers must be someone who is listed as an owner or managing employee of the Article 28 Facility on the facility's Medicaid provider file.