

AMERICAN COMMUNITY PROVIDER NETWORK

Provider Termination Request

*Complete one termination request per Provider. Please make copies of this form as needed.
E-mail completed form to AC-ProviderContracting@American-Community.com or you can fax to (734) 853-2290.*

Provider to be Terminated

Tax ID Number: _____ Contract Number: _____

Provider Name: _____

Termination Effective Date: _____

Contact Person Name: _____

Contact Phone: _____

Reason for Termination

Reason for Termination