

Submitter/Provider Unlinkage Form

This form is to be used by Submitter/Billing Agents to unlink Medicaid provider numbers from Medicaid Submitter ID numbers, when it is determined there is no longer a relationship between the two.

Up to two providers may be unlinked per form. This form must be signed and dated.

Fax the completed form to Provider Enrollment at 225-216-6392.

Submitter/Billing Agent name: _____

Submitter/Billing Agent number:

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Medicaid Provider Name: _____

Medicaid Provider Number:

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Provider NPI:

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NPI Taxonomy (if applicable or known): _____

Reason for unlinkage:
____ (a) no longer billing for provider
____ (b) no record of linkage
____ (c) other: _____

Medicaid Provider Name: _____

Medicaid Provider Number:

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Provider NPI:

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NPI Taxonomy (if applicable or known): _____

Reason for unlinkage:
____ (b) no longer billing for provider
____ (b) no record of linkage
____ (c) other: _____

Authorized Representative Signature _____ Date _____