



## PRACTICE TERMINATION FORM

Please provide the following information:

1. Practice Name \_\_\_\_\_
2. Practice NPI \_\_\_\_\_
3. Practice Tax ID # \_\_\_\_\_
4. Physical Address \_\_\_\_\_
5. Telephone # \_\_\_\_\_
6. Contact Name \_\_\_\_\_
7. Effective date of Termination \_\_\_\_\_

ALL PROVIDERS CURRENTLY PARTICIPATING THROUGH THIS PRACTICE TAX ID WILL BE TERMINATED WITH THE PRACTICE TERMINATION. A NEW PRACTICE TAX ID REQUIRES A NEW LETTER OF AGREEMENT TO BE A PARTICIPATING PROVIDER WITH DIRECTNET.

**Please return the completed form to DirectNet via email to [lmorris@directnetllc.com](mailto:lmorris@directnetllc.com) (preferred delivery method)**

**OR fax to:**  
DirectNet  
(828) 485-4334

**OR mail to:**  
DirectNet  
1333 2<sup>nd</sup> St., NE-Suite 200  
Hickory, NC 28601