

## ALABAMA MEDICAID DISENROLLMENT REQUEST FORM

**Disenrollment Effective Date:** \_\_\_\_\_

- Medicaid** (disenrolls provider from ALL Medicaid Programs)
- ACHN PCP Group Agreement Only** (terminates ACHN agreement between the Agency and PCP Group)  
*\*To terminate ACHN and/or DHCP agreements, contact the ACHN*

**Disenrolling:**

- Individual
- Group
- Facility/Organization

**Group/Provider Information:**

**Group/ Provider Name:** \_\_\_\_\_

**Individual Medicaid #:** \_\_\_\_\_

**Individual NPI #:** \_\_\_\_\_

**Group Medicaid #:** \_\_\_\_\_

**Group NPI #:** \_\_\_\_\_

**Facility/Organization Medicaid #:** \_\_\_\_\_

**Facility/Organization NPI #:** \_\_\_\_\_

**Disenrollment Reason:**

- No longer Medicaid provider
- Provider moved out of city or state
- Provider died
- Provider retired
- Provider terminated
- Changing to private practice
- Other Please specify: \_\_\_\_\_

\_\_\_\_\_  
Provider or Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

This form should be sent electronically to Gainwell Technologie's Provider Enrollment Unit by sending this enrollment update via the Alabama Medicaid Interactive Web Portal located at the following link. <https://www.medicaid.alabamaservices.org/alportal/>

After logging in, select the Trade Files/Forms and complete the "ERU-Enrollment Updates" form. You may either upload a PDF version of this completed form or fax this form using the barcoded coversheet that is provided after completing the Enrollment Update form.