



Closing Facility/Business (Inactivating Tax ID)

Effective ___/___/___, the facility listed below and all associated service office locations (if applicable) will close.

Facility Name: _____ TIN: _____

Reason: (Please Check One)

- _____ Provider Deceased
- _____ Provider Retired
- _____ Provider Moved To Out of State
- _____ Provider No Longer In Private Practice
- _____ Other (Please provide additional information below).

Name of Person Completing Form: _____ Date: ___/___/___

Please Note:
Your records will be updated accordingly 30 days from the date this form is received. This will allow you to reconcile accounts paid under this TIN.