



9925 Federal Dr. Suite 100  
 Colorado Springs, CO 80921  
 Email: ICHPCS@valueoptions.com Fax: 719-538-1433

### Client Dismissal from Practice

**Directions:** Physician or Authorized Physician Representative please fill out this form if you are dismissing an ACC Medicaid member from your practice. Please mail, email to [ICHPCS@valueoptions.com](mailto:ICHPCS@valueoptions.com) or fax to 719-538-1433 as soon as possible.

Member Name		Date Member was Dismissed
Member Street Address		
Member City, State, Zip		
Member Phone	Member E-mail	
Member Medicaid ID Number	Member Date of Birth	
Physician Name		
Site Name		
Physician/Site Street Address		
Physician/Site City, State Zip		
Reason Member was Dismissed <ul style="list-style-type: none"> <li>• Member moves out of the Contractor's Region (3.1.2.1.1)</li> <li>• The Contractor's plan does not, because of moral or religious reasons, cover the services the Member seeks. (3.1.2.1.2)</li> <li>• The Member needs related services to be performed at the same time, not all related services are available within the network and the Member's PCMP or another provider determines that receiving the services separately would subject the Member to unnecessary risk. (3.1.2.1.3)</li> <li>• Abuse or intentional misconduct consisting of any of the following: (3.1.2.1.5)</li> </ul>		
Printed Authorized Name and Title Miss Admin, Administrative Secretary		Date

