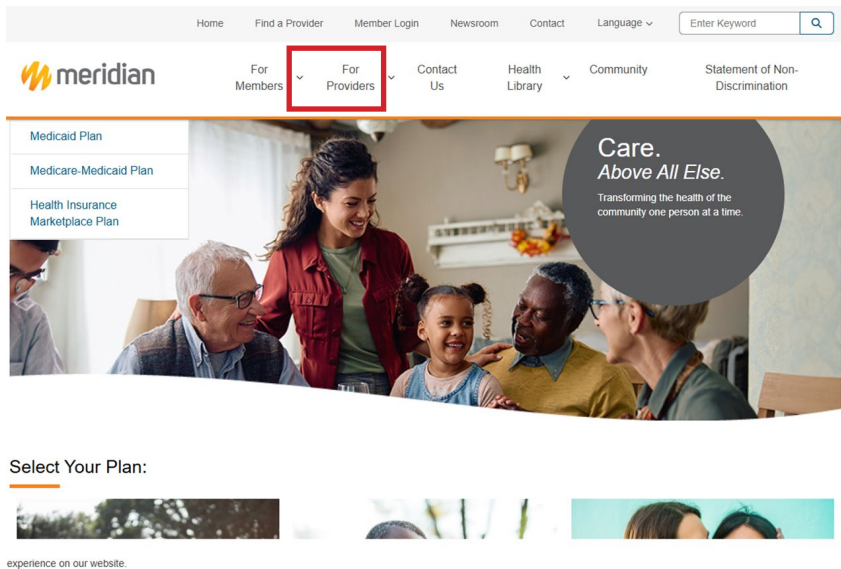


Practitioner Termination

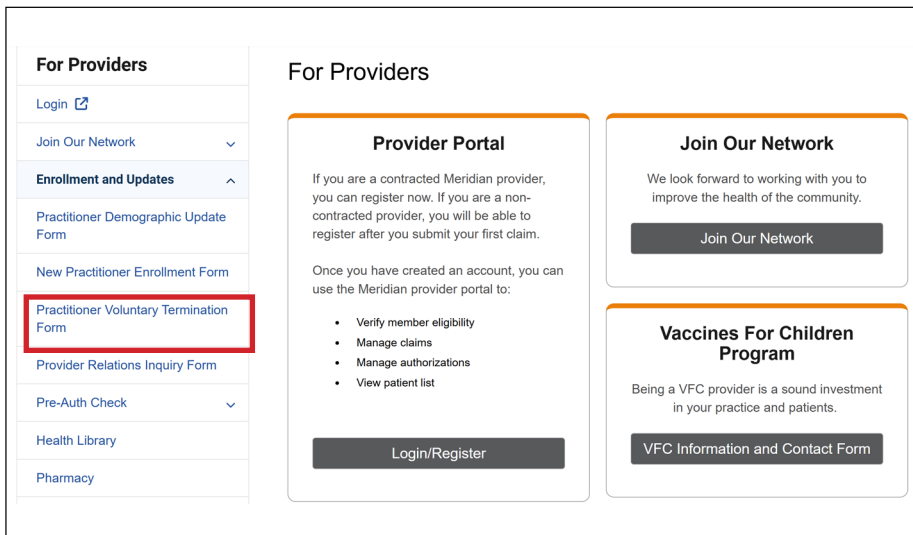
Provider Guide

The purpose of this Job Aid is to demonstrate on how to submit a Practitioner Termination Request via the MI Meridian Website.

1. Navigate to the **MI Meridian Website**: <https://www.mimeridian.com/>
2. Select the **For Providers** tab



3. Navigate to the **Enrollment and Updates** tab on the left-hand side and select the **Practitioner Voluntary Termination Form**





Practitioner Termination

Provider Guide

4. Select the **Termination Form Template** and open the link to the **Excel Form**

For Providers
[Login](#)
[Join Our Network](#)
Enrollment and Updates
[Practitioner Demographic Update Form](#)
[New Practitioner Enrollment Form](#)
[Practitioner Voluntary Termination Form](#)
[Provider Relations Inquiry Form](#)
[Pre-Auth Check](#)
[Health Library](#)
[Pharmacy](#)
[Provider Resources](#)

Practitioner Voluntary Termination Form

To provide Meridian Notice of Voluntary Termination of a practitioner, please download and fill the Termination Form Template below, and upload to the form.

[Termination Form Template \(Excel | .xlsx\)](#)

Voluntary Termination Form Upload *

No file chosen

Providers must give Meridian Health Plan notice of voluntary termination following the terms of their participation agreement. Meridian Health Plan must notify affected enrollees covered under the terminating agreement at least 30 calendar days prior to the effective date for any termination. For more information, please review our provider manual.

Please attest to the following:

☐ I understand that in order to provide 30-day prior notice to affected members my effective date of voluntary termination must be at least 30 calendar days from notification.

Termination requested by:

First Name: * Last Name: *

Contact Email: * Contact Phone Number: *

5. Select the **Termination Form Instruction** tab and follow the listed instructions to complete the form

Instructions - Termination Information

NOTE: Please review 30 day notice of practitioner termination. Please will adjust date of termination to meet this 30 day requirement if date provided is less than 30 days.

Item	Instructions
A	Networks to Terminate
B	Termination Notice
C	Termination Notice
D	Termination Notice
E	Termination Notice
F	Termination Notice
G	Termination Notice
H	Termination Notice
I	Termination Notice
J	Termination Notice
K	Termination Notice
L	Termination Notice
M	Termination Notice
N	Termination Notice
O	Termination Notice

Instructions - Termination Information

Item	Instructions
A	Termination Notice
B	Termination Notice
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O	Termination Notice

Termination Form Instructions

Termination Form

ay - Degrees



Practitioner Termination

Provider Guide

6. Upload the **Change Form Template** under the **Practitioner Update Form Upload**

Practitioner Voluntary Termination Form

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Termination requested by:

First Name: *

Last Name: *

Contact Email: *

Contact Phone Number *

7. Read the **notice**, check the **notice box** to agree, complete the **Termination Requested By** information fields, and select the **Submit** button to complete

Practitioner Voluntary Termination Form

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