SoonerCare Dismissal Request Form

Date of Request: _____________________________
Date Received by OHCA: _____________________________
FAX Number: 405-530-7243

<table>
<thead>
<tr>
<th>Name of Provider(s) with Provider SoonerCare ID#(s):</th>
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Point of Contact:
Phone Number:

This serves as a formal request to dismiss the following SoonerCare members from our panel:

<table>
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<th>Name of Member(s):</th>
<th>Member ID(s):</th>
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Please note dismissal requests from a PCP must be “For Cause”. Please provide additional information in the field provided. Please provide any pertinent chart notes as an attachment to this form.

I wish to dismiss the member(s) for the following reason:

- Rude/Disruptive Behavior (give specific examples):
- Non-compliance with medical regime (give specific examples):
- Deterioration of provider/patient relationship (give specific examples):
- No Shows (give specific dates):

For OHCA Use Only

Dismissal Committee Review Comments: ______________________________
Provider Representative: ______________________________

Refereed To: CM MS BH COP QA OTHER

Letter of approval sent to Provider: APPROVED: [ ]
Attached copies of dismissal letters: [ ]
Disenrolled and locked-out from PCP: DENIED: [ ]
Logged in Excel Database: [ ]

Approved By: _____________________________ Date: _____________________________

OHCA Revised 04/10/2014 HCA-42