SoonerCare Dismissal Request Form

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

Name of Provider(s) with Provider SoonerCare ID#(s):

Point of Contact:  
Phone Number:

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

<table>
<thead>
<tr>
<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: ______________________________

Referred To:  
CM ☐ MS ☐ BH ☐ COP ☐ QA ☐ OTHER ☐

Letter of approval sent to Provider: ☐

Attached copies of dismissal letters: ☐  
APPROVED: ☐

Disenrolled and locked-out from PCP: ☐  
DENIED: ☐

Logged in Excel Database  
____________ ____________________________________________  
Approved By:  Date