



## MEDICARE ADVANTAGE LOCATION CLOSE FORM

### INSTRUCTIONS

- All changes must be submitted at least 30 calendar days prior to effective date. Missing information may cause delays in updates.
- For status checks and questions on how to fill out the form, please contact Aspirus HealthPlan's Provider Assistance Center at 715-631-7412 or toll free at 1-855-931-4851.

Email the completed form to: [providerdatavalidationMA@aspirushealthplan.com](mailto:providerdatavalidationMA@aspirushealthplan.com)



**MEDICARE ADVANTAGE LOCATION CLOSE FORM**

**LOCATION INFORMATION**

Are you an Aspirus Health Plan contracted provider?    Yes            No

**Name:**

**Physical Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Fax:**

**NPI:**

**TIN (numbers only – no hyphens please):**

**Closing Date:**

**Closing Reason:**

**Other reason:**

**Medical Records will be Transferred to:**

**Location Name:**

**Address:**

**Phone:**

**Contact Person (if available):**

**CONTACT INFORMATION**

**Contact Person Name:**

**Phone:**

**Email:**

By signing this form below, you validate that the above information is accurate and true to the best of your knowledge.

**Signature:**