



MEMBER DISMISSAL FORM

Please complete all sections and submit the form via fax or secure email.

Fax: 303-256-1837

Email: CCHA.Referral@phpmcs.com

Link to Policy: [Primary Care Medical Provider Member Dismissal Policy & Process](#)

Date:

PRACTICE INFORMATION Please include a copy of the letter to the member with your dismissal form

Practice Name		Submitted By	
Email		Phone #	

MEMBER INFORMATION

Name		Date of Birth	
Medicaid ID #		Phone #	
Address		City, State, Zip	
Care Coordinator		Primary Care Physician	

REASON FOR DISMISSAL

DISMISSAL PROCESS

Date of 1st warning (verbal)		Date of 2nd warning (written)	
<i>Please describe the disenrollment process as it was explained to the member:</i>		Date of Final (3rd) warning (written)	
	<i>Written warnings must be sent via certified mail with a return receipt.</i>		
If no warning was given, was there imminent aggressive and threatening behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please describe the behavior:</i>			

SELECTION OF A NEW PCP

Was the member advised of the process of selecting a new PCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please describe the process as it was explained to the member:</i>	
Has the member selected a new PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the name of the new PCP:	

(Continued on next page.)

MEDICATIONS		PRESCRIPTIONS WRITTEN
<i>Please list all current medications for the member as well as the duration (supply/refills):</i>		<i>Please list directives for each medication:</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

CURRENT MEDICAL DIAGNOSIS(ES)

1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	

CURRENT SPECIALTY CARE

Specialist Name	Specialist Contact Information	Specialty

OTHER RECOMMENDATIONS/REFERRALS

ADDITIONAL HISTORY DISCUSSED

CCHA INTERNAL USE ONLY

Date received by CCHA		Date HCPF notified	
Date Health First Colorado notified		Date unattributed	
Date notified SDAC		Date reattributed	
New PCP		Date member contacted by care coordinator	