



**Arizona Priority Care (AZPC)**

**Group/Practice Termination Form**

Please complete the applicable information and email or fax  
to: Email: [Network.Contracting@AZPriorityCare.com](mailto:Network.Contracting@AZPriorityCare.com)  
Fax: Attn: Contracting Department (480) 499-8729

Group Termination Request	
Group Information	Group Name: _____
	Group TIN #: _____ Group NPI: _____
	Contact Name: _____ Contact Email: _____

Reason for Termination	
Is this practice/group or facility closing? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date Closed: _____ (if yes, please indicate date practice is closing)	
Other <input type="checkbox"/>	Please provide detailed reason below for termination:

Signature: \_\_\_\_\_ Print Name/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please email us at [Network.Contracting@AZPriorityCare.com](mailto:Network.Contracting@AZPriorityCare.com)