



COMMONWEALTH of VIRGINIA

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

PATRICK W. FINNERTY
DIRECTOR

600 EAST BROAD STREET
SUITE 1300
RICHMOND, VA 23219

<DATE >

Dear Provider:

You are receiving this FAX because it has come to our attention that the below cited provider is no longer able to participate in the MEDALLION Program.

In order to provide a medical home to the patients assigned to this MEDALLION PCP it is important to keep the provider file current and accurate.

You may call the Provider Enrollment Unit (PEU) at First Health Systems at 1-888-829-5373 to provide disenrollment information.

Or

Complete, sign, and return this form by FAX to **804-786-5799** to disenroll from further participation in MEDALLION.

MEDALLION PCP name: _____

MEDALLION PCP NPI #: _____

Address: _____

Last Date at above address: _____

Signed by:

Name: _____

Title: _____

Phone: _____

FAX: _____

If you have questions or need more information please call me at 804-371-8852.

Thank you,
Kathleen Dickerson, RN