|  |  |
| --- | --- |
| **Legal Facility Name** (tied to the Group NPI) |  |
|  |  |
| **Tax Identification #** (TIN) |  |
|  |  |
| **Group-NPI** (tied to the TIN) |  |
|  |  |
| **Group-PTAN** (tied to the TIN) |  |
|  |  |
| **Facility Address** (tied to the Group-NPI) |  |
|  |  |
| **Authorized Official’s Name** (tied to the PTAN) |  |
|  |  |
| **Authorized Official’s Phone Contact** |  |
|  |  |
| **Delegated Official’s Name** (if appointed) |  |
|  |  |
| **Delegated Official’s Phone Contact** |  |
|  |  |
| **Current Enrollment Status is Participating Through 01-31-2021** |  |
|  |  |
| **Requesting a Change to Non-Participating Status Effective 02- 01- 2021** | Printed Name of Authorized Official:  Signature of Authorized Official: Date: |