



SecureCare

Clinic/Branch Closure Form

Fax: (402) 934-4908

Email: providerservices@securecarecorp.com

Mail to: SecureCare Corp

13215 Birch Drive Ste 200

Omaha, NE 68164

Along with your completed Contract Request form, please submit an Individual Practitioner/Provider Addition and Termination Form for every Individual practitioner being added. Your effective date of participation will be communicated to you via a counter-signed copy of the contract from SecureCare. If you have any questions, please contact us at (402) 934-4744 or 1-877-462-4476.

Effective Date of Closure

Clinic Name:

NPI/UMPI #:

Tax ID #:

Clinic Address:

City:

State:

Zip:

Is this location the only one affiliated with the above NPI? Yes No

Do you have any other locations under the same Tax ID remaining open? Yes No

Please provide a description of the reason for closure and/or any additional information to help complete the request:

(Text fills from the middle up)

Person Completing Form:

Signature:

Phone #:

E-Mail Address:

Fax #: