

## HEALTHCHOICE DISENROLLMENT FORM (LONG TERM CARE)

Recipient M.A. ID: <u>01234567890</u>	Social Security Number: <u>123-45-6789</u>	DOB: Month/Day/Year <u>01/10/1934</u>
Last Name: <u>Recipient</u>	First Name: <u>Robert</u>	M.I.      Sex: <u>A</u> <u>M</u>
MCO Provider Name: <u>MCO Advantage</u>	MCO Provider No: <u>678901299</u>	

<b>Long Term Care Facility Information:</b>	
Name:	<u>Greater Care Nursing Facility</u>
Address:	<u>70 E. West Street, Baltimore, MD 12201</u>
Telephone Number:	<u>410-123-8276</u>
Admission Date:	<u>01-01-2011</u>
Anticipated Discharge Date, if any:	<u>02-28-2011</u>

MCO Official Representative:	<u>Jane Representative</u>	Date:	<u>01/12/2011</u>
Title:	<u>Utilization Manager</u>	Phone:	<u>410-123-6543</u>

Disenrollment Date: <u>(to be determined by Department)</u>
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Please attach the Utilization Control Agent (Delmarva Foundation) certification of medical eligibility for LTC services (from the DHMH 3871)

Send or fax to: HealthChoice Long Term Care  
Disenrollment Unit  
DHMH  
201 W. Preston St., Rm L-9  
Baltimore, MD 21201  
Phone: 410-767-5321  
Fax: 410-333-7141

**DHMH INTERNAL USE ONLY**

Completed by DHMH: \_\_\_\_\_  
  
Initials: \_\_\_\_\_