

# Medicare Advantage Physician Notice to Discharge a Customer from Panel



**NOTE:** This notice is to advise the plan of the physician's decision to discharge a customer from their panel. By submitting this form, the Physician understands it is their responsibility to send the customer a notice informing them of their decision to terminate the physician/patient relationship. The physician also understands that they must give the customer a minimum of 30 (calendar) days advance notice that the physician/patient relationship will be ending. The physician is aware that they are required to continue customer care for at least 30-45 days to allow the customer time to select a new PCP. The physician will transfer, at no cost, a copy of the customer medical records to the new PCP and will cooperate with the new PCP in regard to transitioning care and providing information regarding the customer care needs.

Physician Name:	POD:
Physician NPI Number:	Group Name:

The customer referenced below is not following the accepted standards set by our office in order to maintain an effective treatment plan or a satisfactory patient/physician relationship. The Physician is sending the customer a physician/patient relationship termination notice advising the customer to select a new Primary Care Physician. **The notice will be sent on or before:** \_\_\_\_\_

Customer Name:	ID:	Health Plan:
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**The customer has displayed the following behavior:**

- Fraudulent use of services or benefits.
- Threats of physical harm to a physician or the office staff.
- Non-payment of required co-payment for services rendered.
- Receipt of prescription medications or health services in a quantity or manner which is not medically beneficial or not medically necessary.
- Refusal to accept a treatment or procedure recommended by the physician, if such refusal is incompatible with the continuation of the patient/physician relationship. The physician should also indicate if he or she believes that no professionally acceptable alternative treatment or procedure exists.
- Repeated refusal to comply with office procedures essential to the functioning of the physician's practice or to accessing benefits under the managed care plan.
- Other behavior which has resulted in serious disruption of the patient/physician relationship.

**Comments to substantiate the above behavior:**

**Date(s) customer was counseled/educated:** \_\_\_\_\_

**SUPPORTING DOCUMENTATION MUST BE ATTACHED TO SUBSTANTIATE THAT THE CUSTOMER WAS COUNSELED/EDUCATED ON THE ISSUES DESCRIBED ABOVE.** (i.e., medical records, chart notes, incident reports, that documents the customer was called and reminded of the appointment; documentation of no shows; documentation of recommended treatment plan, counseled, etc.)

The customer has been counseled and educated and there has not been any improvement or progress. It is necessary for this customer to be removed from my panel and to seek medical services elsewhere. I will continue to provide treatment for 30-45 days to allow the customer time to select another PCP. By signing below, I agree to all statements in this notice and certify that my office follows all anti-discrimination policies.

Physician Signature:	Type or Print Name:	Date:
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