UMPQUA HEALTH ALLIANCE

Member Assignment Closure Request Form

UHN Provider Relations

If you wish to close your practice to new member assignment due to temporary capacity or operational limitations, please complete this form and return it to the UH Provider Relations mailbox at UHNProviderServices@umpquahealth.com.

Requests are evaluated based on current enrollment relative to practice minimums and the overall status of network adequacy needs.

Request

Clinic or Provider Organization Name: _____

Please enter the operational reason for requesting UHN to close your practice to membership assignment.

Anticipated Reopening Date: _____

Name: _____ Date: _____

Signature (requester): _____

UHN Administrative Use Only

Decision on the request to close the above practice to auto assignment and new membership.

Decision: ☐ Approved ☐ Rejected

Name: _____ Date: _____

Signature (reviewer): _____

Phone: 541-229-4842
Toll free: 866-672-1551
TTY: 711

Email:
UHNProviderServices@umpquahealth.com

Website:
www.umpquahealth.com

Address:
3031 NE Stephens Street,
Roseburg, OR 97470