



Termination of Trading Partner ID

Provider Number: _____ Trading Partner ID: _____
 Provider Name: _____
 Provider Address: _____
 City: _____ State: _____ Zip Code: _____

I am requesting that the fiscal agent (ACS) terminate my trading partner ID. By canceling my trading partner ID. I understand that I

1. Will no longer be able to access the Colorado Medical Assistance Program Web Portal and
2. Will no longer be able to submit health care transactions electronically through the Web Portal

Note: *If you want to resume Web Portal access after your Trading Partner ID is terminated, you must re-enroll with the Colorado Medical Assistance Program to obtain a new Trading Partner ID.*

Provider representative name (please print)

Provider representative signature

Date

Please return this completed form to:

ACS State Healthcare
 Colorado Medical Assistance Program Provider Services
 P.O. Box 1100
 Denver, CO 80201-1100

Thank you.

The Colorado Medical Assistance Program