



REQUEST TO DISAFFILIATE / DELETE AN ETIN

This form should be used to disaffiliate a provider ID number from an ETIN (TSN) with which you are no longer affiliated or, if you are the ‘owner’ of the ETIN, to cancel an entire ETIN which you are no longer using. Please check the applicable box below and complete the requested information. This form can be faxed or mailed to the address below.

Please note that ETINs beginning with a zero (0) are owned by a Service Bureau and cannot be deleted by an individual provider. In this case, the provider should only check the first box below to disaffiliate the provider ID(s) from the Service Bureau ETIN.

Please **disaffiliate** the following provider Medicaid ID(s) from ETIN _____:

Please **cancel** ETIN: _____

Print Provider/Admin Name/Title (see note): _____

Provider/Admin **Signature**/Title (see note): _____ DATE: _____

Contact Name/Phone #: _____

**NOTE: The provider submitting this request must sign this form.
For GROUPS or BUSINESSES, an administrator or owner, as listed at the
time of enrollment, must sign and declare title.**

If you have any questions, please call CSC’s Call Center at 800-343-9000. Please mail or fax the completed form to:

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