

Practitioner Letter of Removal

Katie Rukes
OPTIMISTIC Project Coordinator
1101 West Tenth Street
Indianapolis, IN 46202
krukes@iupui.edu
Tel 317-274-9299

Please Scan and send to:
krukes@iupui.edu

This Letter of Removal is a request to terminate an OPTIMISTIC-vetted provider status at the facility named below.

I understand the request to terminate the OPTIMISTIC-vetted status at the designated facility will result in the listed practitioner's inability to utilize previously available G- billing codes when caring for eligible long stay (greater than 100 days in the facility) residents in the facility when 1) assessing an acute change in condition suspected to be one of the six target conditions of the initiative and 2) when participating in care planning and caregiver engagement activities. These codes will become unavailable following submission to and processing by CMS and will be effective beginning on the date listed below. I understand that submission of this form will only terminate OPTIMISTIC-vetted status at the facility that is named below for the practitioner listed.

Date

Facility Name

Name of person submitting form

Required Data:

Practitioner Legal Name	
Practitioner National Provider Identification (NPI) number	
Practitioner Tax Identification Number (TIN)	