



# Provider Cancellation Form

PROVIDER NAME: \_\_\_\_\_

Date of Service	Name of Member	Confirmation #	A Leg CXL	B Leg CXL	Cancel Code*

\* Use one of the Cancel Code codes below.

Cancel Reason	Cancel Code
Cancel at Door / Late Arrival	<b>2</b>
Rider Not Read	<b>45</b>
Rider in the Hospital	<b>26</b>
Wrong Level of Service Assigned	<b>20</b>
Weather / Disaster	<b>6</b>
Bad Address	<b>10</b>
Rider no longer goes to Medical Facility	<b>22</b>

Cancel Reason	Cancel Code
Rider No Show	<b>1</b>
Rider is Sick	<b>4</b>
Member's Appointment Canceled	<b>6</b>
Transportation Provider Late	<b>7</b>
Rider transported by another Provider	<b>25</b>
Wrong Date of Service	<b>0</b>
Rider Refused Transportation	<b>27</b>

**IMPORTANT**

The *Provider Cancellation Report* must be received no later than 12 pm ET following the date of service.  
 Fax your completed report to 317-875-4670.