



## Therapy Notification to CCHP

### Change(s) Being Reported\* (click all boxes that apply)

- Term CCHP Agreement
- Closing Practice to New Patients
- Patients on Waitlist

Please complete the template below for each CCHP Member impacted by this change:

Client Name	Plan	ID#	DOB	Requested Date of Service	Therapy Type	Provider NPI	Provider TPI	Provider Name	Delay Type	Reason	Comments
Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.
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Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Click here to enter text.

Please provide the following group and contact information:

Group Name	Group NPI	Group Tax ID	Contact Name	Contact Phone	Contact Email
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Completed forms can be sent to [CCHPNetworkDevelopment@cookchildrens.org](mailto:CCHPNetworkDevelopment@cookchildrens.org) or faxed to 682-885-8403.