

Provider Separation from Employment Form

When a Provider will no longer provide services to a Member due to termination by the employer or due to quitting, then the employer will need to:

1. direct the Provider to submit all unpaid hours in PPL's Web Portal or provide the employer with a paper timesheet,
2. review and approve the Provider's final hours to be paid, and
3. complete this form and return it to PPL.

Member ID#:	Member Name:	
Provider ID#:	Provider Name:	
Date of Separation of Employment:		
Reason for Separation of Employment:		
Provider's Forwarding Address (If Applicable):		
Address:		
City:	State:	Zip Code:

Employer name (print):	
Employer signature:	Date:

Please return this form to PPL by fax or email.

- Admin Fax: 1-855-671-5300

- Paperwork E-mail: mipplfax@pcgus.com