

# Denver Health Managed Care

## Request to Withdraw Services

(303) 602-2140

Attention: Utilization Management



**DENVER HEALTH  
MEDICAL PLAN** INC...

**DENVER HEALTH  
MEDICAID CHOICE**

Patient Name:		Date of Request to Withdraw Services:
Member ID:	Authorization Number:	
Name of Provider/Agency/Person withdrawing request:		

### Disciplines with number of Visits (home health only):

Registered Nurse:	Physical Therapy:
Skilled Nursing Facility:	Occupational Therapy:
Certified Nursing Assistant/Home Health Aide:	

Durable Medical Equipment:
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Skilled Nursing Facility number of days requested:
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Outpatient number of visits requested:
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Reason for withdrawal of prior request:
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Please fax Withdrawal of Request form to:

for Durable Medical Equipment

303-602-2160

for Home Health/Outpatient

303-602-2128

for Inpatient Skilled Nursing Facility

303-602-2127

*Thank you.*

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