



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Consumer Health Assistance
Bureau for Hospital Patients
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<u>FOR OFFICE USE ONLY</u>
OCHA CASE # _____
RECEIVED BY: _____
DATE: _____

NRS 439B.757 Participation Withdrawal Form

Any entity or organization may withdraw its election to have the provisions of NRS 439B.700 to 439B.760, inclusive, apply to the entity or organization by submitting this form to the Office for Consumer Health Assistance not less than 120 business days before the date on which the withdrawal is requested to become effective.

Third Party Name:	DBA (if applicable):
Third Party Type:	Requested Withdrawal Date:
Reason for Electing to Withdraw the Election:	

Contact Information for Withdrawal Request

Contact Name:	Title:
Phone:	Mailing Address:
Email Address:	

Third Party or Designee (please print)

Title

Signature

Date

Email

Phone