



## Vendor Separation Notice

Please complete this form when a vendor needs to be removed from your care plan in FOCoS Online. It is important to remove a vendor who is no longer providing goods or services to you to prevent fraudulent claims being filed on your behalf.

Failure to notify Conduent about the separation can increase the risk of fraudulent claims being filed which could present penalties under the U.S. False Claims act, as well as potentially impact the member/participant's benefits.

Complete the form with as much information as possible to ensure the vendor can be found on your care plan and removed appropriately.

REQUIRED INFORMATION	
Vendor Full Name	FEIN or SSN of Payee
Participant Full Name	Medicaid ID
Employer Full Name	Last 4 of SSN/Palco ID
ADDITIONAL INFORMATION	
Reasons for Separation: <input type="checkbox"/> Vendor no longer provides Services for Participant. <input type="checkbox"/> Issues with Vendor providing Services. <input type="checkbox"/> Vendor is being replaced with a new Vendor. <input type="checkbox"/> Other: _____	

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vendor Signature (Optional)

\_\_\_\_\_  
Date

Please return this form to Conduent via email, fax, or mail.

Email: [docprocessing@conduent.com](mailto:docprocessing@conduent.com)

Fax: 866-302-6787

Mail: PO Box 27460, Albuquerque, NM 87125-7460