



Date Completed:

My Health LA

REQUEST TO DELETE CLINIC SITE

(CLICK IN WHITE BOXES TO COMPLETE FORM)

PERMANENT DELETION	EFFECTIVE DATE:	
TEMPORARY CLOSURE	FROM:	TO:

Clinic Site Name:	<input type="text"/>		
Address:	<input type="text"/>		
City/State:	<input type="text"/>	ZIP Code:	<input type="text"/>

Reason for permanent/temporary closure of Clinic Site:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Identify below the approved MHLA existing Medical Home where participants are to be transferred to:

Clinic Site Name:	<input type="text"/>		
Address:	<input type="text"/>		
City/State:	<input type="text"/>	ZIP Code:	<input type="text"/>

Date Notification sent to Participant:	<input type="text"/>
<i>Please attach a copy of the notification notice to the Participants.</i>	