

LETTER OF TERMINATION

Client Name: _____

Client SoonerCare or Insure Oklahoma ID #: _____

I, _____, wish to discontinue receiving services with any other
(client's name)
Provider/Agency and begin receiving services from _____ as of
(provider/agency name)

(MM/DD/YY)

Member (14 and over must sign)

Date Signed

Legal Guardian

Date Signed