MONTEFIORE Montefiore Medical Center
The University Hospital
at the Albert Einstein
College of Medicine

Contract Management Organization
200 Corporate Drive
Yonkers, New York 10701
914-377-4690

VOLUNTARY RESIGNATION NOTIFICATION

If you are resigning from the Montefiore Medical Staff, Allied Health Staff and/or the Montefiore IPA(s) prior to or upon the expiration of your current appointment, please complete this form and return to: CMO, Provider Information, fax # 914-709-0386 or email: wgilliga@montefiore.org

Name: _____Department: _____

I am voluntarily resigning from the following:
- ☐ **Montefiore Medical Center (Medical/Allied)**
- ☐ **Montefiore IPA (healthplan participation)**
- ☐ **Montefiore Behavioral Care IPA (MBCIPA)**

Effective date of the resignation is _____.

Resignation Reason:

- ☐ **New Position Local (NYC/Westchester) moving to _____**
- ☐ **Relocating out of area: Moving to _____**
- ☐ **Joining another IPA _____**
- ☐ **Do not currently treat or admit patients to Montefiore Medical Center**
- ☐ **If none of the reasons above apply, please provide details of your voluntary resignation:**

_____

_____

_____

Please provide a forwarding address and phone number:

_____

_____

_____	_____
Provider Printed Name	**Department Chair/Administrator**
_____	_____
Provider Signature	**Date**