Netsmart Helper

ClaimsConnect Cancellation

Form Instructions: Please complete this form and send to myaccount@helper.com or Fax to 888.486.7175.

Helper Account # :_____

ClaimsConnect G # (Optional): _____

Circle one: ☐ Group/Account Cancellation or ☐ Individual(s) Cancellation

Name of Group or Provider(s) to Cancel: _____

Number of providers being cancelled: _____

Reason for Cancellation

_____

_____

_____

_____

_____

_____

I understand I will be receiving a final invoice for a full calendar month of service.

Authorized Signature _____

Printed Name _____

Date _____