



## ClaimsConnect Cancellation

**Form Instructions:** Please complete this form and send to [myaccount@helper.com](mailto:myaccount@helper.com) or Fax to 888.965.4021

**Helper Account # :** \_\_\_\_\_

**ClaimsConnect G # (Optional):** \_\_\_\_\_

**Circle one:**            Group Cancellation    or    Individual(s) Cancellation

**Name of Group or Provider(s) to Cancel:** \_\_\_\_\_

**Number of providers being cancelled:** \_\_\_\_\_

**Reason for Cancellation**

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

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_