

HEALTHLINK EDI ACCOUNT CLOSURE FORM



Account Details

Please complete the following details and send to **Healthlink Limited**.

FAX: 0800 288 885 (New Zealand) or 02 8014 7614 (Australia)

EMAIL: helpdeskHL@healthlink.net (New Zealand) or request@healthlink.net (Australia)

If you need assistance please phone our Support staff 0800 288 887 (New Zealand) or 1800 125 036 **Option 1** (Australia)

Account Name							
Account EDI (closing)							
EDI/Account to use (if applicable)							
Telephone Number							
Fax Number							
Email Address							
Reason for Closure (Please select)	<table> <tr> <td>Business Closing</td> <td>No Longer Required</td> </tr> <tr> <td>Merged Account</td> <td>Changed Message Provider</td> </tr> <tr> <td>Practitioner retired/left</td> <td>Dissatisfied with service</td> </tr> </table>	Business Closing	No Longer Required	Merged Account	Changed Message Provider	Practitioner retired/left	Dissatisfied with service
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Merged Account	Changed Message Provider						
Practitioner retired/left	Dissatisfied with service						
Date Closure Required							

Customer Declaration

I confirm that I wish to cancel all Healthlink Services for the specific EDI(s) named on this form. I also agree that I will allow Healthlink staff to delete the Healthlink software from our system. If there are outstanding debts, I understand that the business will remain liable for all debts incurred up to and including the date on which Healthlink Limited is notified of cancellation. I understand that the EDI account(s) will be disconnected and unavailable for further use from the effective cancellation date noted above.

Name _____ Position _____

Date _____ Signature _____

Reports

I agree that if there are Reports/messages that have not been delivered to the practice I understand that this information will be deleted once my account has been closed.

Name _____ Position _____

Date _____ Signature _____

Internal Use Only

Account Status

Update Billing

Great Plans Updated

HLK Core