



ClaimsConnect Cancellation

Form Instructions: Please complete this form and send to myaccount@helper.com or Fax to 888.965.4021

Helper Account # _____

ClaimsConnect G # _____

Circle one: Group Cancellation or Individual(s) Cancellation

Name of Group or provider(s) _____

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 _____

Date _____