HEALTHLINK
EDI ACCOUNT CLOSURE FORM

HealthLink — Part of Clanwilliam

Account Details

Please complete the following details and email **HealthLink Limited.**

Email: helpdesk@healthlink.net (**New Zealand**) or **request@healthlink.net** (**Australia**)

If you need assistance, please phone our support staff on 0800 288 887 **Option 2** (**New Zealand**) or 1800 125 036 **Option 1** (**Australia**)

Account Name	
Account EDI (closing)	
EDI/Account to use (if applicable)	
Telephone Number	
Email Address	
Reason for Closure (**Please select**)	☐ Business Closing ☐ No Longer Required ☐ 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

Updated 21/11/2023