

Practice Closure

Notice of Closure Form

We're so sorry to hear your practice is closing. To notify RevenueWell of the change, please fill out the form below and return to your Customer Success Manager. Our Customer Experience team will finalize the details and ensure a smooth transition for your practice.

Practice Details

Practice Name

Practice Phone Number

Practice Address

Owner's Name

Owner's Phone Number

Owner's Email Address

Effective Date of Closure

If you have any Email or SecureMail accounts, you will need to log in to your account at <http://MySecurePractice.com> to cancel them. We cannot cancel or transfer billing for these accounts.

Note: Contract terms still apply. Our cancellation policy can be found in the MSA.

By signing this form, you confirm that all information is correct and RevenueWell can proceed with the Practice Closure request.

X

Owner's Signature

Date