MedCost®

Termination Form

FROM:		TO:	
Date:		**MedCost**	
Name:		**Client Administration**	
Company:			
			165 Kimel Park Drive
			Post Office Box 25347
			Winston-Salem, NC 27114-5347
Phone:		***Phone:***	(800) 433-9178
Fax:		***Fax:***	(336) 774-4208
		Email:	clientservices@medcost.com

Company Name	*Policy #*	*Program(s)*	*Term Date*	*Run Out Dates*	*Run In Dates*	*New TPA / Carrier*