


MEDCOST[®]
 Termination Form

<i>FROM:</i>	<i>TO:</i>
<i>Date:</i>	MedCost
<i>Name:</i>	
<i>Company:</i>	
	Client Administration
	165 Kimel Park Drive
	Post Office Box 25347
	Winston-Salem, NC 27114-5347
<i>Phone:</i>	<i>Phone:</i> (800) 433-9178
<i>Fax:</i>	<i>Fax:</i> (336) 970-2111
	<i>Email:</i> clientservices@medcost.com

<i>Company Name</i>	<i>Policy #</i>	<i>Program(s)</i>	<i>Term Date</i>	<i>Run Out Dates</i>	<i>Run In Dates</i>	<i>New TPA / Carrier & Reason for Leaving MedCost</i>