



MedAllies

DEACTIVATION OF USER(S) ACCOUNT(S)

* Use this form when a user no longer requires access to the MedAllies system (e.g. job change) or is no longer an employee of the practice. Should you have any questions regarding this form, please contact MedAllies at 845-896-0191 x3007.

* When form is completed, please fax to MedAllies at 845-896-9306.

Practice Name: _____ Date: _____

The following account(s) are to be deactivated:

Employee Name: _____ Effective Date: _____

Employee Name: _____ Effective Date: _____

Employee Name: _____ Effective Date: _____

Employee Name: _____ Effective Date: _____

Comments:

Supervisor's Signature

Date

Supervisor Telephone Number (for any questions MedAllies may have regarding the changes):

Telephone Number