Outcomes
5900 Lake Ellenor Drive, Suite 600, Orlando, FL 32809 |PH: (800) 289-7930

Subscription Change Form

Attach Supporting Documentation - if needed

License # _____ Name _____ Date _____

NCPDP# _____ NPI # _____ Email _____

I, _____ provide authorization for Outcomes Operating, Inc. to remove the following subscription(s) and/or services from my pharmacy license:

Please indicate below the service(s) that you would like to cancel as it appears on your invoice -

_____

_____

_____

_____

Reason for Cancellation: _____

_____

Credit for prepaid support will be issued prorata effective the 1st day of the following month from the date the form is received in our office or from the date we obtain confirmation from the vendor that the service can be disabled through your current support date. This credit will be available on your account to offset future invoices for services rendered.

Authorization to make license changes (must be signed by owner or authorized agent)

_____ _____ _____
Name of authorized personnel **(please print)** Title Phone #

_____ _____
Signature Date

By signing this form you acknowledge and agree that if Outcomes removes/disables access to this service, you will no longer be able to utilize any services associated with this subscription.

Please complete the form and return to our office via email to Billing.pms@outcomes.com

Accounting Office Only

☐ Date received _____
☐ Update license system
☐ Credit Invoice No.:_____ Period Credited _____ to _____

COMMENTS: _____