



Optum Pay Premium Cancellation Form

Please use this form to cancel your Optum Pay® Premium subscription. Your organization will continue to receive ACH payments from Optum Pay, however your users will no longer have access to Premium features including search tools, workflow management tools and access to historical claim data.

Questions? Please call us at 1-877-620-6194 if you have any questions while completing this form.

All fields marked with an asterisk () are required.

Health care organization information – required

Organization name*:

TIN*:

Address*:

Administrator name*:

Administrator email*:

Administrator phone number*:

Your request to cancel Premium portal access will be effective on the last day of the month. Your organization will continue to have Premium portal access during this time and your organization is responsible for accrued fees.

Reason for cancellation of Optum Pay full functionality

Please let us know why you are canceling your Optum Pay Premium subscription (check all that apply)*:

I don't use the portal as often as I thought I would

I don't need historical claim data

I receive my data from a clearinghouse

I don't need additional users; two are sufficient

I don't need the search tools

The service is too costly for my practice

Other: _____

Administrator authorization

It may take up to seven days to process the request and the effective cancellation date will be the last day of the month in which the form was processed. If you would like to reinstate the full functionality of Optum Pay, please visit optum.com/optumpay.

Signature of administrator on file*

Date*

Printed name of administrator on file*

Where to return your form?

By email: optumpay_cancel@optum.com

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