

# MyPractice Community

## Expiration Notification

Please complete the following information and fax to  
MyPractice Community Help Desk at 216-448-5112

\*Patient Name: \_\_\_\_\_

\*MRN # or E#: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

Last 4 of Social Security: \_\_\_\_\_

\*Date of Expiration: \_\_\_\_\_

Who notified you of the patient's status? :

\_\_\_\_\_

\*Office Reporting Expiration: \_\_\_\_\_

Office Contact Person/Number:

\_\_\_\_\_

*\*Denotes REQUIRED field*