## **CP02 - MediClaim User Account Termination/ Re-activation Form**

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| **Part A: To be completed by Requester** | | | | |
| **Application** | **Method** | **Fax/ Email** | | **Attn:** |
| MediClaim Portal | Email | [mediclaim\_admin@moh.gov.sg](mailto:mediclaim_admin@moh.gov.sg) | | MediClaim Admin |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | NRIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Organisation Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HCI Code *(Organization ID* *used for MediClaim login)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Clinic UEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Terminate Application\*? (Yes / No)  \* For “Yes”, please specify which application and userID (if any) to delete.  \* To request for reactivation of a disabled account by MOH Administrator, select “No”.  □ **MediClaim** UserID (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ **MediClaim (PMI)**  UserID (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ **MediClaim (MBE)** UserID (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Reasons for Termination(if applicable) & Effective Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Requester’s  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Part B: To be completed by MOH** | | | | |
| Terminated Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-- | | | | |
| *MOH to inform Applicant upon deletion of the application UserID (via email).* | | | | |