Auto FSC/Insurance/Contract Termination Request

Please return completed and signed form to Interface Analyst/CIS - Jenny Bolton

Today's Date: _______________ Name: ____________________________ Team: _______________

1. Auto Term Date: ____________________________
   (The date that the FSC, Insurance, or Contract terminated.)

2. FSC to Auto Term: ____________________________
   (Which FSC(s) are associated with this termination?)

   *Questions # 3-5: Please include a printout of the dictionary entry that is to be terminated

3. Dictionary 19 (FSC) Auto Term? ☐ Yes ☐ No
   (Check Yes if FSC termination and go to question 6, No if other termination.)

4. Dictionary 120 (Insurance) Auto Term? ☐ Yes ☐ No
   (Check Yes if Insurance termination and go to question 4a, No if other termination.)

   4a. Dictionary 120 Insurance Name: ____________________________________________

5. Dictionary 709 (Contracts) Auto Term? ☐ Yes ☐ No
   (Check Yes if Contract termination and go to question 5a, No if other termination.)

   5a. Dictionary 709 Contract Name: ____________________________________________
6. Move FSC to memory?  

☐ Yes  ☐ No

7. Number of days before move to memory?  
(If request to move to memory immediately, answer 0, otherwise, figure number of days.)

8. Edit Report required?  
(If No, go to question 13.)

☐ Yes  ☐ No

Department: ________________________________

10. Sort report by:  
☐ MRN  ☐ Patient Name

11. Send to printer?  
(If Yes, go to question 11a, if No go to question 12.)

☐ Yes  ☐ No

11a. Name of printer: ________________________________

12. Send interoffice mail?  
(If Yes, go to question 12a.)

☐ Yes  ☐ No

12a. Interoffice address: ________________________________

13. History of reason for request: ____________________________________________

Note: A General Comment will be added on the accounts affected to reflect the information provided on this form. See examples on page 4.
# Authorization

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<th>Signature of person requesting action</th>
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General Comment Examples:
(up to 75 characters)

- **(FSC)** 01/01/00/XXX/FSC 320 AUTRM 3'00;IN MEM 6'00 PER (NAME) TM/
- **(Insurance)** 01/01/00/XXX/A000 AUTRM FSC 48 6'00;IN MEM 12'00 PER (NAME) TM/
- **(Contract)** 01/01/00/XXX/POW AUTRM FSC 496 12'99;IN MEM 4'02 PER (NAME) TM/

General Comment added: ____________________________________________________________

Run # ______________________

Run Date____________________

Run Time____________________

TL # Pts. Edited______________