

Door to Door Chiropractic

Wellness Membership Cancellation Request Form

Date: _____ Patient ID Number _____

Section 1: To be completed by member

First Name _____ Last Name _____

Reason for Cancellation _____

Section 2: To be completed by clinic staff

Member since ____/____/____ Cancellation Date ____/____/____

Staff Signature: _____

Section 3: Terms and Conditions of Cancellation

This form confirms the cancellation of the monthly subscription wellness membership program. Upon signing this cancellation agreement, You agree to:

1. Stop all charges made to your card on file
2. Forfeit the original pricing paid for the monthly subscription
3. Forfeit access to any services, benefits or facilities under the Wellness Membership Agreement
4. Voluntarily choose to not follow the recommended treatment plan made by your physician and choose to seek care elsewhere.
5. Not to hold Door to Door Chiropractic or any physician assigned to your care liable or responsible for any lack of improvement or worsening of your condition.

This form must be submitted to Door to Door Chiropractic either 1) by hand or 2) by electronic submission **one (1) week prior to** the Wellness Membership subscription date indicated on the previously signed Wellness Membership Agreement. This is required so that We have proper time to change account settings to ensure You will not be charged. If you have any questions, please reach out to Us regarding your previously agreed upon start date or check your copy of your Membership Agreement.

By signing below, I _____ (Printed Name), acknowledge that the Membership Cancellation Terms, Conditions and dates have been explained to me and I understand those Terms, Conditions and dates and that on the cancellation date indicated above, closure of the account will be confirmed and valid.

Member Signature: _____