MEMBERSHIP PLAN NOTIFICATION TO CANCEL

ADMIN - BILLING · November 2026

Cancel membership for one or more children with 30 day notice to cancel and the six month commitment from the enrollment date applies. The final payment date will be confirmed upon cancellation.

Date of Notification: _____ Date of Enrollment: _____

Children Being Cancelled

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

Cancellation Details

Reason for Cancellation: _____

_____

Cancellation Date: _____ Final Payment Date: _____

New Payment: _____

Be Well Collective reviews and updates policies annually. The most current and updated policies are available on the patient portal and as requested.

Membership Plan Cancellation Acknowledgment

By signing below, I certify that I am the parent or legal guardian and that I have read, understand, and agree to its terms.

_____ _____

Parent or Guardian Signature Date

_____ _____

Printed Name Relationship to Patient

OFFICE USE ONLY

Processed in Athena by: _____ Date: _____

Verified by: _____ Date: _____