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## Direct Agreement Cancellation Form

This form is used to cancel an active Direct Patient Agreement with CuraDirect Healthcare.

### Member to be cancelled:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Additional Member(s) to be cancelled:

Name and Date of Birth: \_\_\_\_\_ Name and Date of birth: \_\_\_\_\_

Name and Date of birth: \_\_\_\_\_ Name and Date of birth: \_\_\_\_\_

### Cancellation Policy:

I understand that I may terminate the direct agreement at any time and for any unspecified reason.

I acknowledge that in order to terminate this direct patient agreement, I must submit this form as a written notice to CuraDirect Healthcare physically at 5205 S 2nd Ave, Suite G & H, Everett, WA 98203 or electronically via fax (425) 845-0096, E-mail to [Admin@CuraDirectHealthcare.com](mailto:Admin@CuraDirectHealthcare.com), or via e-signature through HINT membership management & billing software.

I understand that monthly direct fees will continue to accrue on a daily basis until this form is received. The monthly direct fee will be prorated to the date of cancellation and charged to the payment method on file. If pre-paid direct fees are in trust, CuraDirect Healthcare will refund me within 15 business days after receiving this form.

I acknowledge and understand that if I cancel this direct agreement, I may not re-enroll until 3 months after the date of my written cancellation. I must sign a new Direct Patient Agreement. CuraDirect Healthcare makes no guarantee that I will be able to re-enroll at some future date.

### Cancellation Date:

The Direct Patient Agreement will be cancelled effective on the date CuraDirect Healthcare receives this form.

If you'd like to end at a later date, please specify here: \_\_\_\_\_

I have read, understand, and agree with the cancellation policy. I have had an opportunity to ask any questions I have. I want to cancel my membership and direct patient agreement with CuraDirect Healthcare.

\_\_\_\_\_  
Member, Parent or Sponsor Signature

\_\_\_\_\_  
Date