

AFFORDABLE ACCESS

Cancellation Form

Please complete and return this form to Affordable Access. Your termination will be effective on the date we receive this form.

Patient Information

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Apt #: _____ City: _____ State: _____ Zip: _____

Medical Record Number (if known): _____

Provider Name: _____ Clinic Location: _____

Membership Cancellation

I want the cancellation to take effect: When this form is received by Affordable Access.
 At the end of the monthly billing cycle.

Reason for Membership Cancellation (please fill in all that apply):

- Financial / Can't afford it Now covered by insurance plan Dissatisfied with Service
 Moving out of area Changing Providers / Clinics Deceased

Comments: _____

- I understand that I may re-enroll in the Affordable Access plan in the future under the terms and conditions of the plan at that time. A re-enrollment fee will apply.
- I understand that if I have a balance owing on my account through services received while enrolled in the Affordable Access plan that I am still responsible for paying those fees.
- I understand that if I have requested my membership to be terminated effective on the date this form is received, that I will have any pre-paid monthly membership fees pro-rated and refunded to me with in ten (10) business days.
- I understand that I may request a copy of my medical record for my own use or to coordinate care with another medical provider.

Signature: _____ Date: _____

Relationship (if not patient): _____

Fax this completed form to: 425-831-3600, or mail to: Affordable Access, 9801 Frontier Avenue SE, Snoqualmie, WA 98065, or deliver to the Snoqualmie Redge Medical Clinic, 35020 SE Kinsey Street, Snoqualmie, WA 98065, Monday through Friday 8:00 a.m. to 6:00 p.m.