

Membership Cancellation Request Form

Cancellation Policy:

Vida-Flo employs a 30 day cancellation policy. A member can cancel anytime after their initial term by filling out a cancellation form. Any EFT that is within the 30 day cancellation period will be billed. The member has 30 days from the last EFT to utilize any unused treatment sessions. Any additional treatment sessions remaining after the 30 day cancellation date will be forfeited.

To be completed by Member:						
Today's Date:			Member	Name:		
Phone Number:			Email:			
Please take a moment to let us know how we	e have been perfo	orming in th	e following a	reas by o	sircling what best represents yo	our outlook.
Quality of Treatment	Great	Good	Fair	Poor	Unsatisfactory	
Front Desk Customer Service Convenient Appointment Times	Great Great	Good Good	Fair Fair	Poor Poor	Unsatisfactory Unsatisfactory	
Cleanliness of the Clinic	Great	Good	Fair	Poor	Unsatisfactory	
Overall Experience with Vida-Flo	Great	Good	Fair	Poor	Unsatisfactory	
Reason for Cancellation: Please Circle one below.						
Relocation No Time to Attend Unsatisfied With Facility Convenient Appointment Times Unavailable Changing Health and Wellness Routine Medical Seasonal or Temporary Resident Other:						
To be completed by Vida-Flo: Member Since:// I have spoken to Member and discussion of the spoken to Member about term of the spoken term of the spoken to Member about term of the spoken term of the spoke	ssed cancellation of	•	•	aining tre	atment sessions.	
Enter and Verify in Booker Software:						
Membership Termination Date:				Last EF	T Date:	
Number of Treatment Sessions Remaining:				Members	ship Expiration Date:	
Freeze Membership?						
Signatures						
I, understand that any EFT's remaining in the 30 any unused class sessions. After this time is ov	day cancellation p	eriod will be	billed. I und	erstand th	-	EFT hit to utiliz
Member Signature:					Date:	
Manager Signature Approving Cancellation	ın·				Date:	