



Service Cancellation Form

Upon completion, please fax this form to (908)735-7136 or mail to 54 Old Highway 22, Clinton, NJ 08809

Patient information:

Last Name First Name Date of Birth

Home address

Phone

Membership Cancellation:

Service cancellation if effective on the last day of your current billing cycle.(the earliest effective date is the date we receive this form)

I am cancelling my MorningStar membership because:

- Moving out of the area
- Dissatisfied with service
- Financial considerations
- Transferring care to another practice
- Other- please explain

Authorization:

- I understand that my current monthly care fee payment entitles me to receive services until the end of the current billing cycle.
- I understand that if I have made any pre-payments beyond the initial 3 months they will be pro-rated to the date of cancellation and refunded to me.
- I understand I may re-join MorningStar at any time under the terms and conditions for registration at that time.
- I understand that a re-registration fee of \$250 will apply if I choose to restart my MorningStar membership at a future date.

Signature

Date

Print Name

Signature by Patient Parent Legal Guardian