A logo for a health care company

AI-generated content may be incorrect.

Customer Refund Request

Today’s Date: \_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We may contact you to gather further details about your refund request.

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| --- | --- | --- |
| Have you been instructed to request a refund for services, booked or paid in full, after 11/01/2024 but prior to 04/22/2025? | Yes/ No | Please provide documentation of instructions given to you to request a refund, and by whom. |

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| --- |
| Please provide a detailed explanation of the reason(s) you are requesting a refund.  Please attach any supporting documentation. |
|  |

Please allow 3 business days to acknowledge your request for a refund, and for a representative to contact you for further assistance.