



**Cedar Valley Primary Access Disenrollment Form**

This is notification that I wish to disenroll from Cedar Valley Primary Access.

Patient Name/s and DOB: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Initial each of the following statements to show your understanding:

\_\_\_\_\_ I understand I will no longer have primary care services with Cedar Valley Primary Access effective\_\_\_\_\_.

\_\_\_\_\_ I understand if I wish to reenroll there will be a \$150 additional Re-enrolment fee.

\_\_\_\_\_ I understand there is no guarantee I will be accepted back as a patient of Cedar Valley Primary Access.

\_\_\_\_\_ I have been provided with the chance to ask the physician or their staff questions regarding my cancellation of services.

\_\_\_\_\_ I understand there will be no refund given.

Subscriber Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only:**

Chart number: \_\_\_\_\_

DPC account flag removed: \_\_\_\_\_ Removed from monthly billing: \_\_\_\_\_