

# CSH Form

In order to offer the CSH rates, we need to keep the program easy to manage. Therefore, please keep in mind, we do not do any sort of retroactive billing for cancellations or late sign-up.

## Commitment:

This is community supported--please pay at your maximum!

I agree to commit to 6 payments of \$ \_\_\_\_\_ total per month beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ (the 1<sup>st</sup> of the next month).

We can provide insurance forms only after an appointment for the amount paid that month.

## Family Members seeing the doctor TODAY (or already established):

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

## Automatic payments only (two cards required\*):

debit or credit card: \_\_\_\_\_ exp: \_\_\_\_\_

name on card: \_\_\_\_\_ address: \_\_\_\_\_

back-up card (required): \_\_\_\_\_ exp: \_\_\_\_\_

name on card: \_\_\_\_\_ address: \_\_\_\_\_

*\*Due to the number of declined cards and unpaid invoices with the CSH, we now need 2 for sign-up in order to make this a manageable program. We can accept the full amount for 6 months in advance as well. Thanks for your cooperation!*

## Terms:

Your card will be charged the 1<sup>st</sup> of each month, and your back-up card will be charged if your primary card fails. The plan will *automatically renew* after 6 months. Please call us prior to your expiration if you need to cancel, since we cannot do refunds if you forget. If you need to cancel mid-way, there is a *\$150 cancellation fee*. After canceling your plan at any time, the cost is *\$150 to rejoin*. Please note that our regular *24-hour cancellation policy* still applies.

I, \_\_\_\_\_, understand and agree to these terms.

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

Thanks for being a supportive community member!