

A-LIST CANCELLATION FORM

NAME _____ **DATE OF BIRTH** _____
PHONE _____
EMAIL _____

Membership benefits will terminate immediately upon cancellation. Any accrued and unused A-List funds must be used within ninety (90) days. We do offer a three-month freeze (See membership agreement for details).

Please circle why you are cancelling your membership:

- *Financial** ***Termed (12-month agreement met)**
***Unsatisfied** ***Medical** ***Distance** ***Other**

Is there any feedback you can provide to improve our membership for the future?

A-List Member Signature _____
Date _____

For Staff Use Only

Staff Signature _____
Date _____

Effective Date _____ **Money on account** _____

The Mission of the Fargo Center for Dermatology
Our mission is to provide the highest-quality patient care by offering the best in medical and surgical dermatological care. We strive to act with regards to the highest level of professionalism and practice in an environment that is beneficial to patients, providers, and staff. We recognize advances in dermatological care and use them for improved patient care while always advocating healthy skin through the prevention and treatment of dermatological conditions.

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Last Updated 09/06/2024

Upcoming appointments

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