



For Office Use Only:

Inactivation Date: _____

MEMBERSHIP CANCELLATION FORM

If you are the Primary Member, please take the time to complete this written notice. **The Cancellation Form is required to be completed for the membership to be cancelled.** Once the form is completed, it needs to be send to the following email address: sales@bestmedicalplan.us or if you prefer you can send it by regular mail to our office located at: 2460 SW 137 AVE Suite # 243 Miami FL. 33175). Please contact Best Medical Plan, Inc., if you have any questions and an associate will assist you.

Best Medical Plan, Inc. is a Discount Medical Plan Organization. Best Medical Plan, Inc. is NOT a health insurance. Best Medical Plan, Inc. Is not responsible for any unpaid charges or fees that its members have may been charged with any provider, specialist, or any other health care provider associated or contracted with Best Medical Plan, Inc. and Best Medical Plan, Inc. does not pay its contracted providers any fees, charges or claims on behalf of its members. The Best Medical Plan, Inc. member is responsible to pay all fees, charges and claims to the provider.

IMPORTANT: Members MUST return their Member ID Cards to Best Medical Plan, Inc at the time of them cancelling their membership.

Primary Member Name: _____ ID#: _____

Dependents:

Member Name: _____ ID#: _____

Member Name: _____ ID#: _____

Member Name: _____ ID#: _____

Member Name: _____ ID#: _____

Reason for cancelation:

_____ I am dissatisfied with the discount plan.

_____ New health insurance.

_____ Other. (Please explain): _____

MEMBERSHIP CANCELLATION POLICY:

You may cancel your Best Medical Plan, Inc., membership at any time. Best Medical Plan, Inc., has a thirty (30) day cancellation policy. Best Medical Plan, Inc. must receive written notification requesting membership cancellation at least thirty (30) business days in advance of the next billing cycle for you not to be charged for the upcoming billing cycle. If you have prepaid any Membership Fees for the Core or CorePlus plans the prepayment will be refunded on a prorated basis for the months, the membership that has not been used, **not** including the one-time non-refundable Enrollment Fee which was charged at the time of the Membership Enrollment. The Enrollment Fee is non-refundable on all plans. For membership cancellation please contact Best Medical Plan, Inc. at (305) 800-2378, Monday through Friday, between the hours of 9:00am to 5:00pm, est. and a BMP associate will assist you.

By signing the form, I agree that I wish to cancel my Membership with Best Medical Plan, Inc. I also understand that by cancelling my membership, reactivating my membership will require a reactivation fee. If I return as a member, I am responsible for paying the applicable enrollment or activation fees.

Member Signature

Date

www.bestmedicalplan.us

2460 SW 137th Ave Suite #243

Miami, FL 33175

PH: (305)800.2378

Email: info@bestmedicalplan.us