



Voluntary Refund Form

In an effort to process your refund, please fill out the form below. If you have any questions, please contact Good Days toll free, (877) 968-7233. Our hours are Monday through Friday, 8:00am to 5:00pm CST. Please make all checks payable to Good Days, 2611 Internet Blvd., Ste 105, Frisco, TX 75034.

Today's Date:		Check Number:	
Office Name:			
Patient Name:			
Patient ID (CSN):		Amount of Refund:	
Date(s) of Service:			
Refund Reason:			

Please include the contact information of the representative we can speak with should we have additional questions regarding your refund.

Name:	
Phone Number:	
Email:	