

Cancellation Request Form

We're here to help you manage your products/services. Whether you want to cancel specific products/services, or close your account, this form is designed for you. Your feedback is valuable to us and will help us improve.

***Account #/Company ID:** _____

***Product(s)/Service(s) to be Cancelled (check all that apply)**

Products/Services not listed here can be managed within the application. Selecting *Account Closure* will also cancel all other active products and services. For questions or assistance with this [contact support](#).

☐ Service Center (Account Closure) ☐ Practice Mate ☐ EHR 24/7 ☐ IDFC

If your account is currently under an active IDFC contract, your cancellation request cannot be completed at this time. Please review your contract for applicable terms, conditions, and cancellation requirements.

***Reason(s) for Cancellation (check all that apply)**

Please take a moment to let us know why you've decided to cancel by selecting one or more options below.

Product/User Experience

- | | |
|---|---|
| ☐ Difficult to use (A) | ☐ Missing features (D) |
| ☐ Unintuitive design (B) | ☐ Did not use certain features (E) |
| ☐ Navigation issues (C) | ☐ Features were not relevant (F) |

Technical Issues

- | | |
|--|---|
| ☐ Frequent bugs (G) | ☐ Poor performance (I) |
| ☐ System downtime (H) | |

Support

- | | |
|---|--|
| ☐ Unresponsive support (J) | ☐ Poor overall support experience (L) |
| ☐ Ineffective issue resolution (K) | |

Pricing & Competition

- | | |
|---|--|
| ☐ Too expensive (M) | ☐ Better features/pricing with a competitor (O) |
| ☐ Found a more affordable option (N) | Please list the competitor: |
| Please list the competitor: | _____ |
| _____ | |

Business Reasons

- | | |
|--|--|
| ☐ Business downsizing/closing (P) | ☐ Change in business priorities (Q) |
|--|--|

Other

- | | |
|---|--|
| ☐ Accidental Sign Up (R) | ☐ Duplicate Sign Up (S) |
|---|--|

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Additional Feedback

Thank you for taking the time to share your feedback with us. Your insights are crucial in helping us understand your experience with our product or service. As part of our commitment to continuous improvement, we would like to learn more about your future considerations regarding our services. Please select the option that best represents your outlook. Your response will provide valuable guidance for our ongoing efforts to enhance and meet your expectations.

- ☐ Open to reactivating in the future
- ☐ Will consider reactivating if specific improvements are made
- ☐ Not likely to return

If there is anything else you'd like to share with us about your experience or suggestions for improvement please feel free to provide additional comments in the space below. Thank you!

Submission Instructions

This form must be submitted via email to cancellations@officeally.com and must come from the email address of an authorized individual on your account.

Processing Information

Your request should not be considered complete until you have received e-mail confirmation from Office Ally. Confirmation shall be sent within 2 business days of receipt of this request. If it has been more than 2 business days and you have not received confirmation, please [contact support](#) to confirm that Office Ally has received your cancellation request.