


Crystal Health Group

Cancellation & Refund Policy

 CRYSTAL Health Group	Crystal Health Group Cancellation & Refund Policy		
	Version	Approval Date	Review Date
	v01.06.17	June 2017	June 2019

Purpose

The purpose of this cancellation and refund policy is to provide clarity and transparency to all parties involved in the testing process. The policy constitutes part of Crystal Health's standard terms and conditions.

Scope

This policy covers services that have been organised and processed by Crystal Health personnel. This policy does not cover appointments that have been made directly between a sample collector and client. This policy covers testing services provided to;

- Private/Individual Clients
- Commercial Clients

And also;

- Cancellation of Service by the Service Provider

All prices stated within this policy are subject to VAT at the current rate.

For Private/Individual Clients paying for services

Appointments

It is standard policy for Crystal Health personnel to process the full cost of the testing service after confirming a sample collection appointment for private clients. This constitutes a formal order for the Crystal Health service requested.

Please note: The period of time quoted below does not include weekends or bank holidays and notification must be made between the hours of 9am and 5pm.


1. If an order is cancelled **48 hours prior** to an appointment the client may:
 - Re-arrange the appointment at no additional cost.
 - Request a refund minus a £30 administration fee.
2. If a client cancels **within 48 hours** of their appointment, the client may:
 - Re-arrange the appointment - a further £50 must be paid to secure another appointment.
 - Request a refund minus a £100 or 30% administration fee, whichever is greater.
3. If a client cancels **within 24 hours** of their appointment:
 - Re-arrange the appointment - a further £100 must be paid to secure another appointment.
 - Request a refund minus a £150 or 50% administration fee, whichever is greater.

Partial fulfilment is charged at 50% per donor/test. This includes cases which cannot proceed due to lack of ID or failure to meet the requirement/responsibility outlined in the appointment letter.

Testing Kits

It is standard policy for Crystal Health to process a £20 deposit after confirming an order of any testing service by private clients which utilise a self-collection testing kit. This constitutes a formal order for the Crystal Health service requested.

1. The £20 deposit is non-refundable
2. Once the testing kit is returned to Crystal Health with full payment for the requested testing service, the following cancellation fees apply:
 - If the order is cancelled by the client within 24 hours of the test kit being received by Crystal Health, the test fee will be refunded to the client, minus a £30 administration fee.
 - After 24 hours of the test kit being received by Crystal Health, full payment for the service is payable.

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For Commercial and Group Bookings

The return of a completed 'Order Confirmation' form to Crystal Health (via email or hard copy) or an existing SLA that is in place, constitutes a formal order.

Important: The person signing the order confirmation/SLA is liable for all associated costs with the test ordered. Ensure that the relevant tick box has been checked on the Order Confirmation, this will determine if a deposit is required or not.

1. At least 48 hours notice is required to cancel an appointment. Cancellation of an order with less than 48 hours notice will be subject to a set cancellation fee.

Please note that this 48 hour period does not include weekends and bank holidays and notification must be made between the hours of 9am and 5pm


2. Within 48 hours - The cancellation fee is set at either 30% of the total order cost or £100, whichever amount is the greatest.
3. Within 24 hours - The cancellation fee is set at either 50% of the total order cost or £150, whichever amount is the greatest.
4. If the order is only partially fulfilled/ or the order cannot be completed due to non-attendance of sample donors on the day of the appointment then;
 - In the case of a 'price per person' quote (e.g. drug testing), the associated portion of the order will be invoiced at 50% of the amount quoted per person
 - In the case of an 'inclusive' quote (e.g. DNA tests), the client will be invoiced for 50% of the amount quoted.
5. The total cost invoiced may be increased if the collection time exceeds the regular/allocated time frame for the appointments, due to any delays caused by the client/sample donors. This additional time will be charged at £25 per 15 minutes.
6. All payments for services are due no later than 30 days from the date of the invoice after testing services have been supplied.
7. For all Medical Assessments Services (RISQS and other):
The full cost of the service will be charged for cancellation of scheduled appointments or for the cancellation of any individual scheduled to attend at a scheduled appointment.

Polygraph Tests

In all test cases, a **non-refundable 50% retention fee** is payable upon confirmation of a test appointment. If the test is subsequently cancelled, the 50% fee is retained by Crystal Health.

Cancellation of Service by the Service Provider

- The Service Provider may cancel any agreement with the Client at any time before the Services are delivered or following delivery by giving written notice.
- On giving such notice the Service Provider shall within 7 days repay to the Client any sums paid in respect of the relevant Service Agreement subject to costs incurred by the Service Provider
- The Service Provider shall not be liable for any loss or damage whatever arising from such cancellation.
- The Service Provider reserves the right to make a charge to cover any administrative and laboratory procedures already performed prior to cancellation or that occur despite cancellation.
- Such charges are subject to change at the Service Provider's discretion

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Version Control


It is the responsibility of each person to ensure they adhere to this policy. It is the responsibility of the Operations Manager to maintain and implement this policy.

Previous Version	Changes	Last Effective Date
NEW	• N/A	N/A

Authorisation

Name Nichola McChrystal Position Director

Signed  Date 12/06/2017

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Compliance


Verification of Achievement of Understanding

I _____ (name of employee),

Has read, understood and will comply with the following Crystal Health policy

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Employee Signature _____ Date _____

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