

## Align Spine Health Center, LLC

### Patient Statement Distribution Form

Listed below are options on how you would like to receive your complimentary patient statement/financial correspondence. Please place your initials next to your indicated selection.

- **OPTION A:** \_\_\_\_\_ One complimentary Monthly statement, OR
- **OPTION B:** \_\_\_\_\_ One free yearly statement

***Please note that if you lose or misplace your statement for any reason, request a different type of financial correspondence or update to said correspondence, after your preferred request has been honored, there will be an additional charge of \$8.00 per each date of service request or general request.***

All requests for additional statements must be submitted in writing. Additional statements have an additional charge of \$8.00/request. Once your request has been received, please allow 24-48 hours to process and send your statement via email. If you have a scheduled appointment 48 hours after your request is received, you have the option to pick up your statement the same day as your appointment.

**Please note that your initials above and signatures below indicate that you have read and understand your options for this service in our office.**

Please contact the office with any questions.

\_\_\_\_\_  
(PRINT)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)