

## Align Spine Health Center, LLC

### Patient Statement Distribution Form

Below are options on how you would like to receive your complimentary patient statement. Please place your initials next to your indicated selection.

- **OPTION A:** \_\_\_\_\_ **One complimentary Monthly statement, OR**
- **OPTION B:** \_\_\_\_\_ **Daily Date of Service Detailed Receipts, OR**
- **OPTION C:** \_\_\_\_\_ **One free yearly statement**

Please note that if you lose or misplace your statement for any reason, there will be an additional charge of \$5.00 per each date of service request or general request.

All requests for additional statements must be submitted in writing. Once your request has been received, please allow 24-48 hours to process and send your statement via email, or placed in the USPS mail. If you have a scheduled appointment, 24 – 48 hours after your request is received and processed, 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)