



IMPORTANT NOTICE

(Please complete the mandatory election form below)

PATIENT NAME: _____

METHOD OF STATEMENT DELIVERY *(Please choose ONE of the following):*

I would like to begin receiving my monthly statements via e-mail, my e-mail address is:

_____ @ _____

Mail my monthly statements *

** Please note effective 1/1/2016 an annual fee of \$10.00 will be added to your statement if an email address is not provided.*