



ADVANCE PHYSICAL THERAPY

Certified Postural Restoration Center

77 South Elliott Road, Chapel Hill, NC 27514 Phone: 919.932.7266 Fax: 919.932.7250

e-Statement Consent and Authorization

IF YOU DO NOT WISH TO RECEIVE ACCOUNT STATEMENTS BY E-MAIL
PLEASE DO NOT COMPLETE THIS FORM.

This service allows patients to receive account statements by electronic delivery to the specified email address provided below. Examples include but are not limited to: documentation required by health savings and/or reimbursement accounts, payment receipts, current account balance, outstanding balance invoices). To receive e-Statements and electronic disclosures, you must have a working connection to the internet and a valid e-mail address. Access to a printer or the ability to download and electronically store copies of your statements is strongly recommended, but not required. By accepting these Terms and Conditions, you are confirming that you have access to a computer and/or printer which satisfies these requirements. Please read the following Consent and Authorization disclosure before accepting and agreeing to this disclaimer. A copy of this authorization will be provided to you by request only.

Consent and Authorization for Electronic Transmission of Regular Account Statements

By signing below you agree to keep us informed of any **changes** in your *telephone number, mailing address, or e-mail address*. Notification of changes can be made by telephone call or written notice by postal mail.

1. By **telephone**: 919.932.7266
2. Written notice by **postal mail**: Advance Physical Therapy, 77 S. Elliott Rd., Chapel Hill, NC 27514.

You will be e-mailed a statement when a balance is due for your account.
Payment is **due upon receipt** of your e-mailed statement.

I hereby give permission to the practitioner/s of Advance Physical Therapy, to deliver account statements by e-mail to the specified e-mail address provided below. I understand that Advance Physical Therapy cannot guarantee the security of Protected Health Information (PHI) via e-mail. Your information will not be intentionally distributed to any outside parties.

Email address at which you wish to receive e-statements:

Signature

Date