



BILLING STATEMENT VIA EMAIL REQUEST FORM

Cascade Acupuncture Center, LLC is now able to EMAIL your billing statement directly to you. If you are interested in this service please provide your email address to our office using this form. Please fill in your email address below – please make sure it is in legible writing. If we cannot read the address we will not process your request. Once you fill in your email address please sign your permission at the bottom. This allows us to electronically send your billing statement to you. Please be advised, NO proprietary information is listed on our billing statements (insurance name, ID number, social security number), only your name, address and your client ID within our clinic is listed.

PLEASE BE ADVISED IF YOU ELECT TO HAVE YOUR STATEMENTS EMAILED TO YOU, YOU WILL NO LONGER RECEIVE PAPER STATEMENTS. (Please remember to add our address to your safe sender list – heal@cascadeacupuncture.org)

EMAIL ADDRESS _____

YOUR NAME _____ MAILING ADDRESS _____

We will use your name and physical address to verify it is you who are requesting the email option.

We have to have a permission slip for EACH client. If you have a spouse/child and you want their statements emailed to you we still need a completed email request form from them (and signed by them, with the exception of minors, parents can sign on behalf of anyone under age 18). If your email address bounces back we will mail you a paper statement. It will be your responsibility to provide us with an updated and accurate email address. The statement will be emailed to you as a PDF attachment. If you do not have the capabilities to download or open a PDF you will not be able to access the statement. You can get a free PDF reader via Adobe Acrobat Reader online.

I, the above listed client of Cascade Acupuncture Center, LLC, would like to request that my monthly billing statements be emailed directly to me via the email address listed above. I understand that no proprietary information will be included in this email, thus it will not be password protected. I agree that it is my responsibility to notify Cascade Acupuncture Center, LLC if I change or close my email account. I understand that by electing to have my billing statements sent to me electronically I will no longer receive paper statements in the mail. This agreement will continue until I revoke my permission, if I no longer wish to receive statements via email, I need to inform Cascade Acupuncture Center, LLC by the 25th of the month. A request to revoke email statements must be made in writing either via email or regular mail. Phone requests will not be accepted.

Billing statements will be sent out by the 15th of every month, however, due to scheduling and holidays, statements may be distributed as early as the 5st of the month.

Client Signature _____ Date _____

Cascade Acupuncture Center, LLC will NEVER sell your email address to any other company.