

MARION AND DELAWARE EYE CENTERS
BILLING AND COMMUNICATION PREFERENCES

BILLING PREFERENCE Failure to select an option will result in mailed statements

Our office can send **Billing Statements and Balance-due Reminders** electronically or by mail. Please provide the necessary information below to indicate your preference for how you would like to receive statements. *We highly recommend an electronic option.* **(PLEASE SELECT ONE OPTION)**

(Option 1) by Email → Enter email address _____

(Option 2) by Text → Enter phone number _____

(Option 3) by Mail → Address _____
City _____ State _____ Zip _____

COMMUNICATION PREFERENCE Failure to select an option will result in phone call reminders

Our office can send **Appointment Reminders** electronically or by a phone call. Please provide the necessary information below indicating your preference. *We highly recommend an electronic option.* **(PLEASE SELECT ONE OPTION)**

(Option 1) by Email → Enter email address (if different from above) _____

(Option 2) by Text → Enter phone number (if different from above) _____

(Option 3) by Phone Call → Enter phone number _____

Patient or Responsible Party Name (print name): _____