

MARION AND DELAWARE EYE CENTERS
BILLING AND COMMUNICATION PREFERENCES

BILLING PREFERENCE

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

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 reminder 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 name (print): _____

Note: Failure to select any options above will result in mailed statements (option 3) and phone call reminders (option 3) being utilized until we are notified of any preferred changes.