

LIVING WELL CHRISTIAN FAMILY CLINIC --CONFIDENTIAL CONTACT FORM

Client Name: _____

Cell Phone _____

E-mail _____

Home Phone _____

Address _____

Other Phone _____

Please describe any restrictions on the means and/or location you want us to use (e.g.- do not leave a message on home telephone number): _____

Appointment Reminders

As a courtesy, our office sends out appointment reminders prior to scheduled appointments. Our cancellation policy requires 24-hour notice for cancelling an appointment.

I prefer to receive my appointment reminders using:

text message _____

e-mail _____

I do **NOT** want to receive appointment reminders:

Balance Notifications

Our office is transitioning to electronic notification of balances due on your account. This saves the expense of office printing and mailing paper statements.

These balance notifications contain a link sent to text message or e-mail. You must provide us the cell number and or e-mail you would like to use.

Upon clicking the link in your notification, you are taken to a payment portal where you can log in to see more information about your charges and payments.

I prefer to receive my balance notifications using:

text message _____

e-mail _____

I do **NOT** want to receive balance notifications, please mail me a paper statement:

Signature: _____

Date: _____

If this request is by a personal representative on behalf of the individual (e.g.- minor child), complete the following:

Personal Representative's Name: _____

Relationship to Individual: _____