

Patient Communication Preferences

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Billing Communication Preferences

Dear [Insert Patient Name],

We are committed to ensuring that you receive billing information in a manner that is most convenient for you. Please indicate your communication preferences below:

Preferred Method of Communication:

- Phone
- Email
- Mail
- Text Message

If you prefer phone communication, please provide the phone number:

[Insert Phone Number]

If you prefer email communication, please provide the email address:

[Insert Email Address]

Preferred Time for Communication:

[Insert Preferred Time]

Additional Notes:

[If any additional information is required or if there are specific requests, please note them here.]

Thank you for your attention to this matter. Should you have any questions or require assistance, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Contact Information]