

**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.*

(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 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): \_\_\_\_\_