



Savant Medical Billing

P: (360) 567-7154 F: (360) 783-6759 • www.positivevibes4u.com

Patient Authorized Confidential Communications (P.A.C.C.) Form

Patient Name _____ Date of Birth: _____

Please tell us which means of communication you authorize:

Email to the following address:

U.S. Mail at this address:

Text messaging to the following phone:

Phone calls with voice mail if needed to the following number:

1. If we aren't able to reach you through any of the above routes of communication, or if you only want information by U.S. Mail, provide the address below:

2. Is there a phone number or email to use if there are questions regarding this request?:

By providing your signature below you are authorizing the office of: _____,
and their third party business associates they employ to manage the claims and collections portion of
your account to communicate with you through the information provided above.

Patient Signature

Date

Please Note: If you change any of your communication preferences or information please complete a new Confidential Communications form, otherwise we may be sending your private health insurance, appointment information and or billing information to old contact information. You may download a copy of this form from: www.positivevibes4u.com

Personal management of your accounts, for the best results.