



Care2Cure Physical Therapy PC
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PAPERLESS BILLING AUTHORIZATION FORM

Name: _____

Address: _____

Phone Number: _____

Email address: _____

Email Bill Only _____

Email & Paper Bill _____

I authorize Care2Cure Physical Therapy to email my monthly bill. I agree that is my responsibility to review the monthly bill. I further agree to notify Care2Cure Physical Therapy of any changes to my mailing address, email address or contact information. Failure to notify Care2Cure Physical Therapy of any changes or failure to receive the bill does not waive penalties or fees due to nonpayment.

Signature

Date

Once you sign up for paperless billing your statements will be emailed to the email address you have provided. There are no charges for going paperless. At your request we can also send a paper bill. Failure to receive an email or paper bill does not waive any past due penalty. Late notices will be mailed.

What to do if you do not receive an email:

- Check your spam folder, deleted mail folder or junk folder
- Please give us a call if you are having problems with receiving or viewing your paperless bill to be sure that the billing department has your correct email on file. (734) 580-2046