



ALPINE
counseling services, llc

Electronic Statement

To provide the best services possible to our clients and their families, we have begun working with Aqreva Medical Billing and Consulting to process and file insurance claims for services as well as handle monthly statements for services rendered. As part of this agreement, this company will be sending out monthly statements and collecting payments not made in office. As part of this process we will be moving to electronic monthly statements for all those able to receive electronic statements. These will be sent out via email each month by Aqreva. Please complete the short form below including your name, permission to send statements via email, and the email address to which you would like your monthly statement sent.

For billing questions and/or concerns related to your bill, you may contact either ***at Aqreva Medical Billing and Consulting. Their phone number is:*** _____.

I _____ give permission for Alpine Counseling Services, LLC to allow Aqreva Medical Billing and Consulting to use the email address below to send me electronic monthly statements.

Email Address

Signature

Client Name

Date