

Erin L. Koster MD, PA

Refusal of Electronic Transmission of Information

This document represents a request from the patient to decline our Go Green Option. The patient understands that the Go Green Option is a free offer from our office which allows us to send statements and other correspondence by email through a secure server using SSL technology and password protected documents. The patient understands that he/she is declining this free option and instead is requesting paper correspondence for a fee of \$1.50 per paper statement and \$2.00 per paper records request or other PHI request.

Please read the following information regarding paper correspondence:
A fee of \$1.50 will be charged to the patient's account per statement. Statements are sent once a month until the balance reaches a collections phase at which point three statements are sent over a period of 30 days until the balance is paid or sent to collections. If the balance does go to collections the fees incurred from paper statements will be added to the overall balance upon submission of the debt.
A fee of \$2.00 will be applied to the patient's account should the patient request any records or other PHI be sent to their home address.

Patient Name _____

Mailing Address _____

City, State, Zip _____

I am requesting that my statements and any other correspondence to me from the office of Erin L Koster, MD PA be sent to my home address instead of by email. I understand that receiving my health information by regular mail will not change the course of my medical care and all payments will be expected in the same timely manner that they would with any other form of correspondence. I understand that it is my responsibility to provide the office of Erin L Koster, MD PA with my correct home mailing address and notify the office of any changes in my home mailing address. I acknowledge and agree to the fees associated to my request for paper statements and any other documentation requested by me from the office of Erin L Koster, MD PA.

Patient Signature Today's Date

Guarantor Signature (if different from patient) Today's Date