SOUND INPATIENT PHYSICIANS, INC. AND ITS AFFILIATED COVERED ENTITIES STATEMENT OF DISAGREEMENT FORM

PATIENT'S NAME:			
ADDRESS:			
DATE OF DENIAL OF AMENDMENT: REASONS FOR DISAGREEING WITH DENIAL:			
CICNATUDE	DATE:		
SIGNATURE:	DAIE;		

All Statements of Disagreement must be submitted in writing to:

Dan Weissburg, Chief Compliance & Privacy Officer Sound Physicians 1498 Pacific Avenue, Suite 400 Tacoma, WA 98402 1-855-768-6363 compliance soundphysicians.com

Note: Statements of Disagreement are limited to this page only. Additional pages will not be accepted.