



REASONS FOR DISAGREEING WITH DENIAL:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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



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

Signature of Patient

Date of Signature

OR

**Signature of Guardian or
Legally Authorized Representative (if
patient is a minor or unable to sign)**

Date of Signature

**Description of Authority to Act
for the Individual**

Printed Name of Legally Authorized Representative

**Authorizations signed by a representative must contain a copy of the guardianship papers or
power of attorney.**

All Statements of Disagreement must be submitted in writing to:

Chief Compliance & Privacy Officer

Sound Physicians

1498 Pacific Avenue, Suite 500

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.