

Accuhealth, Inc
208 W. SPRING VALLEY RD
RICHARDSON, TEXAS
75081

TO OUR PERSONAL INJURY PATIENTS

It is the policy of this office not to release any medical bills or financial information to the patient until we have been reimbursed for services rendered. After our bills have been paid we will be more than happy to accommodate any request for information you may have, free of charge.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE POLICY

PATIENT NAME: _____

PATIENT SIGNATURE: _____

DATE: _____