

Memorial Health Care System

2525 deSales Avenue Chattanooga, TN 37404
2051 Hamill Road Hixson, TN 37343

DT159822

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Confidential Communications Request Form

Name: _____ Date of Birth ____/____/____

Address: _____

City: _____ State: _____ Zip
Code: _____

Telephone #: _____

Type of Request

Please check the desired communication method and provide the required information:

Alternative address: _____

Phone Number: _____

For collection purposes, two statements will be sent to the alternate address. If we receive no response to our request for payment or at any time mail is returned undeliverable by the US Post Office, the account will be placed with an outside agency for collection. At that time all available address information will be utilized.

If you desire communication via mail, please select the preferred format:

Sealed envelope

Postcard

Signature

Date

FOR MHCS USE ONLY

Request accepted

Request denied

Reason: _____

Signature

Title/Date

Date