

Bay Physical Therapy and Sports Rehabilitation Center, Inc. dba

# Bay Physical Therapy and Fitness Center

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## EMAIL APPOINTMENT REMINDERS

1. Yes! I want to receive email appointment reminders. Please add the following email to my account:

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## E-STATEMENTS AND PATIENT PORTAL

2. Yes! I want to receive my billing statements via email and have access to the patient portal. Please add the following email to my account:

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No- I do not want to sign up for email appointment reminders or the patient portal for billing. \_\_\_\_\_

(Signature)

Bay Physical Therapy will never sell or share you email address or any other personal information. I understand the options presented to me above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_