



**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:

This image shows a single sheet of white paper with horizontal blue 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.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**All Statements of Disagreement must be submitted in writing to:**

## Sound Physicians

Attn: Chief Compliance & Privacy Officer

1222 Demonbreun Street, Suite 1601, Nashville, TN 37203

Phone: 1-855-768-6363

Email: [compliance@soundphysicians.com](mailto:compliance@soundphysicians.com)

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