

[illegible]



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

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**Signature of Patient**

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**Date of Signature**

*OR*

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

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**Date of Signature**

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

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**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

1222 Demonbreun Street, Suite 1601

Nashville, TN 32703

1-855-768-6363

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

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