



Issued by: Finance Department

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## Request for Billing Statement

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Pro Sports Rehab, LLC mails statements on a 28-day cycle. You are entitled to a receipt for any payment made at Pro Sports Rehab, LLC. You may also request a statement of your account with Pro Sports Rehab, LLC at any time. Please contact our Billing department by calling (210) 924-4475 to request a statement and providing us with your account information. You may also fill out a form available online at [www.texasmedclinic.com/main/prosports\\_rehab.php](http://www.texasmedclinic.com/main/prosports_rehab.php) and fax (210-349-5628) your request to our Billing department. Up to two requests for the same statement will be free of charge. On the third request for the same statement, we are entitled to charge a service fee.

First name \_\_\_\_\_

Last name \_\_\_\_\_

Date range \_\_\_\_\_

Phone number \_\_\_\_\_

Date of birth \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax this request to 210-349-5628 attention Customer Service at Pro Sports Rehab, LLC.**