



Loudoun Sports Therapy Center

The Leader in Physical Therapy

REQUEST FOR ACCOUNT STATEMENT

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason for request:

Date Range Requested:

Health Savings Account

_____ to _____

Taxes

Personal Records

Lawyer

Please indicate below how you would like delivery of your statement:

Pick up in office – a member of our staff will call to notify you that it is complete. Please give the best phone number for us to contact you: _____

Email: _____

Mail – Please provide the best mailing address: _____

Please note that LSTC processes requests for statements in the order they are received. Please allow up to one week for a statement to be processed.

By signing below, you indicate that you have requested your statement be provided to you by LSTC and agree to have such information sent to you in the manner which you chose above.

Signature: _____

Date: _____

21251 Ridgetop Circle, Suite 140, Sterling, VA 20166

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www.loudounsportstherapy.com