



## COMMUNICATION PREFERENCES

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

In our effort to better serve our physicians, please answer the questions below on your preferred method of communication for important notices and meetings that affect you as a practitioner at Kaleida Health:

1. What is the way you prefer to be contacted?

- Regular Mail
- E-mail
- Blastfax

2. Please provide us with information for your preferred method of contact:

- Regular Mail – Preferred Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

- E-mail (please provide your preferred e-mail address)

\_\_\_\_\_

- Blastfax (please provide your preferred facsimile number)

\_\_\_\_\_

If you have any questions or if you should need assistance, please call the Central Verification Office at 716-859-5501.

Kindly return this page with your reappointment application. Thank you in advance for your cooperation!

Kaleida Health Medical and Dental Staff Office