

**MAKE CHECKS PAYABLE TO**

**Active Wellness LLC (dba Aligned Modern Health)**

PO Box 772707

Detroit, MI 48277-2707

Phone : 773-273-6734

Email : patientadvocate@alignedmodernhealth.com

**PLEASE INCLUDE ACCOUNT NUMBER ON ALL CHECKS**

Please call or email with questions, or to make a credit card payment by phone. We love to help!

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW

CHECK CARD BEING USED FOR PAYMENT



CARD NUMBER	EXP. DATE	* ID Code
NAME ON CARD	SIGNATURE	
STATEMENT DATE 01/01/2024	PAY THIS AMOUNT : \$XX.XX	ACCOUNT NUMBER : XXXXXX
<small>*LAST THREE DIGITS ON BACK OF CREDIT CARD</small>	SHOW AMOUNT PAID HERE \$	

Tax Id :Active Wellness LLC EIN: 273888467

**Statement ID #: XXXXXX**

**ADDRESS**

First Name Last Name  
12345 1<sup>st</sup> Street  
City, State, Zip Code

**PLEASE REMIT TO**

Active Wellness LLC  
PO BOX 772707  
Detroit, MI 48277-2707