



MESSAGING SERVICE AGREEMENT

I expressly consent to receive on my cellular phone or other phone number(s) that are listed on any of the forms completed related to my care now or in the future, text messages, telephone calls, or other communications for any purpose related to my current or prospective medical care, current or upcoming services offered by an authorized caller, or my account. I understand that these communications may be made using live, artificial or pre-recorded voice messages, automatic telephone dialing systems, text message systems, e-mails or any other computer-aided technologies. I understand that these communications may come from Ballad Health Medical Equipment or any of its affiliates, agents, and/or business associates including but not limited to third party billing agencies or other third-parties acting on the behalf of Ballad Health Medical Equipment. I understand that data charges may apply and that this consent is not required in order to receive services or treatment from Ballad Health Medical Equipment or related-entities or affiliates. I understand I may revoke this consent at any time.

PATIENT INFORMATION

Name: _____ DOB: _____

PLEASE MARK PREFERRED METHOD OF COMMUNICATION

Cell Phone: _____

eMail Address: _____

CONSENT

I consent: [Initials]: _____ Date: _____

Please fill out completely and return to us either by mail at **1183 Spratlin Park Dr, Gray, TN 37615**, via fax at **423-477-3571**, or by email to **BHMECustomerService@balladhealth.org**. Thank you.