

StoneCrest Oral Surgery

Consent For Services and Financial Responsibility

CONSENT TO WIRELESS TELEPHONE CALLS: If at any time a wireless telephone number at which I may be contacted, I consent to receive calls or text messages, including but not restricted to communications regarding billing and payment for items and services, unless I notify the office to the contrary in writing. In this section, calls and text messages include but is not restricted to pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication from the hospital, affiliates, clinical providers, attorneys or its agents including collection agencies.

CONSENT TO EMAIL USAGE: If at any time I provide an email address at which I may be contacted, unless I notify the office to the contrary on writing, I consent to receiving discharge instruction, bills, statements or receipts.

Patient signature: _____

Date: _____