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GDIT2 Medical Coding & Billing Services LLC

Client Consent Form for Email or Text Usage for Medical Billing Communications

GDIT2 Medical Services clients may be contacted via email or text messaging to alert and/or remind you of a new or existing medical billing balance. If at any time you provide a cell phone number or email address at which you may be contacted, you consent to receiving these types of reminders at the phone number or email address provided to GDIT2 Medical Services

*Request medical billing inquiries and to send billing related reminders

_____ (*Client initials*) I consent to receive email or text messages from GDIT2 Medical Services on any cell phone numbers or email address I provide to GDIT2 Medical Services

Email Address (*Print Clearly*)

Telephone Number

I understand that this consent to receive emails or text messages will remain in effect, unless I request a change in writing (see Revocation section below).

PLEASE NOTE: GDIT2 Medical Services does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

Patient Name (*Print Clearly*)

Patient DOB

Signature of Patient or Legal Guardian

Date

Revocation ONLY:

_____ I hereby revoke my request to receive any new or remaining billing balances reminders, and feedback via email messages.

_____ I hereby revoke my request to receive any new or remaining billing balances reminders, and feedback via text messages. **NOTE:** This revocation only applies to communications from **GDIT2 Medical Services**

Patient Name

Date

Signature of Patient or Legal Guardian

Date