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Little Elm, Texas 75068
Phone: 469-579-5114
Email: gdit2@gdit2medicalcoding.com

GDIT2 Medical Coding & Billing Services LLC
Client Consent Form for Email or Text Usage for Medical Billing Communications
Duplicates Texts or Email Billing Messages (Form)

Completing and emailing this form to cynthia@gdit2medicalcoding.com will authorize **GDIT2 Medical Services** to **charge a documentation re-generation fee of .85 cents.**

Option #1: The client must call **GDIT2 Medical Services @ 469-579-5114**, the client should only leave a brief message, state their name, and leave a call back number. A GDIT2 Medical Services staff member will return all calls within 48hrs. At the call back process, the client will be asked to identify themselves, once GDIT2 Medical Services verifies the clients' identity and establishes they have an active consent form on file. The client will be required to sign and email the document re-generation acknowledgement form to cynthia@gdit2medicalcoding.com . Once the form is received, **GDIT2 Medical Services will charge a .85 cent document re-generation fee.** After the document processing fee is collected a link will be text or emailed to the client depending on their selected messaging type. Clicking on the provided link will allow the client to view, download, and/or pay their billing statement at that time.

Additional texting or email surcharges or usages fees may apply depending on your phone service provider. This type of fee is not charged by **GDIT2 Medical Services or any of its business affiliates.** **GDIT2 Medical Services** only charges .85 cents for duplicate monthly texts, emails, or billing statements.

Option#2: The client may visit <http://www.gdit2medicalcoding.com> click on private policies tab scroll down on the page to the Duplicate Texts or Emails requests form, download and fill out the document and email it back to cynthia@gdit2medicalcoding.com Once the form is received, **GDIT2 Medical Services will charge a .85 cent document re-generation fee.** After the document processing fee is collected a link will be text or emailed to the client depending on their selected messaging type. Clicking on the provided link will allow the client to view, download, and/or pay their billing statement at that time. For clients who have not OPT/In or don't have a consent form on file with **GDIT2 Medical Services**, they will not be offered this service, until a signed consent form has been received by **GDIT2 Medical Services** and it has been documented on the client's medical billing account

***Requesting duplicate email or text messaging send to selected communication type:**

_____ (*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 at a .85 cent documentation re-generation fee.

Email Address (*Print Clearly*)

Telephone Number

Signature of Patient or Legal Guardian

Date