

Patient Cell Phone Consent

I agree to allow NEFEDA and anyone who collects or communicates on NEFEDA's behalf to contact me about my account status, including past due or current charges, using prerecorded calls, text messages, email and calls or messages delivered by an automatic telephone dialing system to any landline phone, wireless phone number, other contact number or email address I have provided or that I obtain in the future. I further agree that NEFEDA will treat any email address and phone numbers I provide as my private email or phone number that is not accessible by unauthorized third parties. Unless I notify NEFEDA that my wireless service is based in a different time zone, calls will be made to my cellular device during permitted calling hours based upon the time zone affiliated with the mobile telephone number I provide.

Patient Signature: _____ *Date:* _____

Patient Name: _____ *Account Number* _____