

**BILLING CONSENT-  
PERMISSION TO CALL MOBILE PHONE**

Medical Record Number

Patient Name

Addressograph Stamp –

Patient Name, Medical Record Number

**OUR BILLING PROCESS**

Thank you for choosing Stanford Health Care as your health care provider. We want to make sure you understand our billing process. We follow the process below to ensure that your claims are paid correctly and timely.

**If you have insurance:**

- › We will bill your insurance first. Any deductible/co-insurance/co-pay are patient/guarantor's responsibility.
- › If you have a secondary insurance, we will bill any deductible/co-insurance/co-pay deemed patient/guarantor's liability after billing your primary insurance to your secondary insurance.
- › If your secondary insurance also has deductible/co-insurance/co-pay, these will be billed to the guarantor after the claim has been processed and paid by your secondary insurance.
- › You will receive a copy of the Explanation of Benefits (EOB) from your insurance when they process/pay claims submitted to them. Please review and keep for your records. It will explain how the claim was processed and if and why you have any liability.

*\*If you have any questions about your coverage and benefits or why you have a liability on a claim, please contact your insurance for clarification. Please note that some claims take longer to process than others. In some cases, we must send an appeal to insurance if claims are not paid correctly.*

**If you do not have insurance:**

- › You will be billed for the services.
- › If you have any questions regarding your bill, contact our Customer Service Department at (800) 549-3720, Monday – Friday from 9:00AM -5:00PM

It is important that the information we have on file is current and accurate, including your address, telephone and mobile numbers, demographic and insurance information. Please let the front desk representative know if there are any changes to your information so we can update your records accordingly.

**BILLING CONSENT – PERMISSION TO CALL OR TEXT MOBILE PHONE**

By signing below, you acknowledge that:

- 1) The telephone number associated with this consent (xxx-xxx-xxxx) is a mobile telephone number.
- 2) The mobile telephone number associated with this consent is your own; and
- 3) You consent that Stanford Health Care, our agents, contractors, or collection agency may call you using this mobile number using an automatic telephone dialer, leave a pre-recorded voice message, and/or text message you to this mobile number, to extent such consent is legally required.
- 4) You understand that data and message rates from your cell phone provider may apply.

You are not required to consent to the above as a condition of receiving services at Stanford Health Care. *You may decline to consent by selecting "I Do Not Consent" below. You may update your decision at any time by notifying us.*

You agree to notify us if you wish to revoke this consent, or if you relinquish or change the mobile number provided to us. To ensure timely processing, our preferred method for you to notify us is by contacting our Customer Service Department at (800) 549-3720, however, you may revoke through other reasonable methods including mailing a written notice or sending a My Health Billing message.

**I Consent**

**I Do Not Consent**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_