

Sunshine Health Care Center

5620 West Thunderbird Road, E-1
Glendale, AZ 85306

ph (623) 266-1722
fax (623) 266-1746

Communications Consent Form

You agree, in order for us to service your account or to collect any amounts you may owe, that we, or any third-party vendor authorized by us, may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We, or any third-party vendor authorized by us, may also contact you by sending text messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

I have read this disclosure and agree that I may be contacted as described above.

Signature

Date

Print Name