

Specialty Surgical Center of North Brunswick
1520 US Route 130, Suite 103
North Brunswick , NJ 08902-3145
732-422-9900

Patient Consent to Contact

By providing your contact information below and completing this form, you agree to the following:

I hereby consent and authorize Specialty Surgical Center of North Brunswick, any associated physician or other caregiver, as well as any of their related entities, agents, or contractors, including but not limited to schedulers, billing services, debt collectors, and other contracted parties, to use automated telephone dialing systems, text messaging systems, and electronic mail to provide messages (including pre-recorded or synthetic messages, text messages and voicemail messages) to me about my account, payment due dates, missed payments, information for or related to medical goods and/or services provided, exchange information, health care coverage, care follow-up, and other healthcare information.

Patient Signature:

Signature

Date Signed

Printed Name

Parent/Guardian Signature (if patient is a minor)

Date Signed

Printed Name

Contact Information

Mobile Phone Number: _____

Email address: _____

To revoke your consent to receive text messages or electronic mail from [Center Name], you may unsubscribe by replying and entering "Unsubscribe." If you would like to revoke other portions of this Consent to Contact Form, please contact the center directly in writing or by telephone.