COMPASS
URGENT CARE
Your Path to Better Health

Patient Language Consent Form

You expressly consent and agree that, in order to discuss or service your account(s) (the "Accounts") or to collect amounts you may owe, Compass Urgent Care, and its officers, agents, affiliates, employees, and any affiliated or associated service providers and any third-party debt collection agency associated therewith Billing Services may contact you by telephone at any telephone number associated with the Accounts, including wireless telephone numbers, which could result in charges to you. You expressly consent and agree that we may also contact you by sending text messages, emails, using any e-mail address you provided to us, or by pre-recorded or artificial voice or voice messages, automatic dialing methods, systems, or devices, and pre-recorded or artificial voice prompts at any telephone number associated with the accounts, including wireless or mobile telephone numbers, regardless of whether you incur charges as a result.

Thank you,

Billing Services

Providence Location: 866-272-0376

Snow Road Location: 888-464-7207

Patient Name: _____ Date: _____

Patient Name/ Guardian Signature: _____