



COMMUNICATION CONSENT

I, _____, understand that it is important for MENTSA or an Authorized Entity to be able to communicate with me and have current information about me, my address, my phone numbers and any other information about me that may assist MENTSA or an Authorized Entity in locating me or communicating with me. In consideration on MENTSA or Authorized Entity providing me services and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, consumer expressly consents and agrees to the terms and conditions in the Communication Consent. Authorized Entities: The term "Authorized Entities" shall mean MENTSA and any related or affiliated health care provider, physician, service provider, independent contractor(including but not limited to billing services) and each of their respective successors, assigns, agents, attorneys, insures, representatives, employees, officers, shareholders, partners, parents, subsidiaries, affiliated entities and all agents and representatives of the previously listed persons/entities and all corporations, persons or entities in privity with of the previously listed persons/entities and all corporations, persons or entities in privity with any of them.

Communication Consent: I understand that the purpose of this agreement is to authorize the delivery of calls to me including but not limited to, using an automatic telephone dialing system or an artificial or prerecorded voice or calls to a telephone number assigned to a paging service, cellular telephone service, specialized mobile radio service or other radio common carrier service or any service for which I am charge for the call.

I also understand that my agreement to the terms of this Communication Consent is not conditioned of any Authorized Entity's willingness to provide services to me. To the extent permitted by applicable law and without limiting any other rights the Authorized Entities may have, I expressly consent and authorize the Authorized Entities to communicate with me for any reason, including reasons related to the services provided by Authorized Entities or services to be provided in the future by the Authorized Entities including collection of amounts owed for said services, via Authorized Communications at the telephone numbers I provide below or that is provided on my behalf. In addition, I further express consent and authorize the Authorized Entities to communicate with me via SMS text messages, other forms of electronic messages, electronic mail or other electronic communication sent or directed to me through any medium, no matter how the Authorized Entity obtain such contact information.

Any Authorized Entity may communicate with me using any current or future means of communication methods described in this paragraph even if I will incur a fee or a cost to receive such communications. I further promise to immediately notify if any telephone number, email address or other unique electronic identifier or mode of communication that I provide to any Authorized Entity changes or is no longer used by me. I hereby consent and authorize that a photocopy of this authorization may be considered as valid as the original. This consent shall insure to the benefit of and be binding upon heirs, agents, spouses, executors, administrators, successors and assigns. I intend for all Authorized Entities to be third party beneficiaries of the consent I have provided herein.