



# Instructions

## Consent to Receive Text Message Appointment Reminders

**Consent to Receive Text Message Appointment Reminders Form** – Use this form (either the fillable form or online submission) to allow us to send you text message appointment reminders for your first appointment following a hospitalization.

Please complete the form to give us your OK to send you text message reminders with the appointment date, appointment time when available, provider, and location of your first appointment.

If you have any questions about this form, please call the numbers listed at the bottom of the form.

Please write the name, address, date of birth, and Medicaid ID number of the member who is giving Magellan the OK to send text message appointment reminders.

In the area called “Check One,” please check the box to tell us who is filling out the form.

- If it is you, the member, then check the first box.
- If it is someone the law says can act for you, then check the second box.

### Signature of member

This is where you sign your name and put the date you signed the form. We cannot send you appointment reminders if you do not sign the form.

### Signature of authorized representative (if any)

This section must be filled in if it is not you, the member, filling in the form. If you have legal proof that you can act for this person, please submit that documentation along with the consent form.

### Returning the form to Magellan

**Fillable Form:** This form is a fillable PDF. The form can be printed or completed on an electronic device that supports PDFs. The completed form can then be faxed to the appropriate number as listed on the form or emailed to: [textconsent@magellanhealth.com](mailto:textconsent@magellanhealth.com)

**Online Submission:** once you complete the form, just hit submit.

**Please Note:** No personal comments of any kind from the member or person completing the Texting Consent Form are allowed in any section of the form.