

Patient Billing Text Message Consent

ALLSTARS MEDICAL BILLING LLC | Optional SMS consent

Medical practice name

Patient name

Mobile phone number

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Yes, I agree to receive billing text messages.

I agree to receive billing-related text messages from ALLSTARS MEDICAL BILLING LLC (AllStars Medical Billing), acting on behalf of the medical practice named above, at the mobile number I provide. Messages may include secure patient portal links to view my account statements and pay balances. No marketing messages are included in this consent.

Message frequency varies based on my account and requests. Message and data rates may apply. Reply STOP to opt out or HELP for help. For assistance, contact info@allstarsmb.com or (501) 424-0123. Consent is optional and is not required to receive medical care, services, or to make payments.

I confirm that I am the subscriber or authorized user of this mobile number and may authorize receipt of these texts. Texts may be visible to anyone with access to my phone. I should not reply with medical or other sensitive information.

Privacy Policy: <https://allstarsmb.com/privacy-policy/>

Terms & Conditions: <https://allstarsmb.com/terms-conditions/>

Patient or authorized representative signature

Printed signer name and relationship to patient (if representative)

Date

For practice staff: Leave the checkbox unchecked until the patient chooses. Record the practice, mobile number, date, signer, and checkbox selection in the secure patient record. A signature without a selected checkbox is not an SMS opt-in. Respect opt-outs. Store completed forms securely; share only blank forms as registration evidence.

Form version: 2026-10-07.