

Nevada Prime Healthcare LLC

Patient SMS Communications Consent Form

775-571-1800
nevadaprime.com

Purpose of this Form: Nevada Prime Healthcare uses SMS text messaging to communicate with patients about their durable medical equipment (DME), pneumatic compression therapy, equipment orders, delivery scheduling, and ongoing care support. Your signature below confirms you agree to receive these messages.

PATIENT INFORMATION

Patient Full Name: _____	Date of Birth: _____
Address: _____	State: _____
Cell Phone Number: _____	Zip Code: _____

SMS PROGRAM DETAILS

Program Name:	Nevada Prime Healthcare SMS Notifications
Sending Numbers:	+1-775-406-1184 (Nevada) +1-406-998-6722 (Montana)
Message Types:	Equipment order status, delivery scheduling, trial visit reminders, therapy check-ins, care coordination
Message Frequency:	Typically 3–6 messages per equipment order or care episode
Rates:	Message and data rates may apply depending on your mobile carrier plan

SAMPLE MESSAGES YOU MAY RECEIVE

Nevada Prime Healthcare: We received your referral for compression therapy. We'll be reaching out to schedule your trial visit. Questions? Call 775-571-1800. Reply STOP to opt out.

Nevada Prime Healthcare: Your trial visit is scheduled. Call 775-571-1800 if you need to reschedule. Reply STOP to opt out.

Nevada Prime Healthcare: Your compression device is ready for delivery. Call 775-571-1800 to arrange a time. Reply STOP to opt out.

OPT-OUT & HELP INSTRUCTIONS

To STOP messages: Reply **STOP** to any message. You will be removed immediately and receive one final confirmation text.

For HELP: Reply **HELP** to any message, or call us at **775-571-1800** during business hours.

Re-enroll: Text **START** to +1-775-406-1184 (NV) or +1-406-998-6722 (MT) at any time.

PATIENT CONSENT & AUTHORIZATION

By signing below, I authorize Nevada Prime Healthcare LLC to send me automated SMS text messages to the cell phone number provided above. I understand that: (1) my consent is not required as a condition of receiving healthcare services; (2) I may opt out at any time by replying STOP; (3) message and data rates may apply; and (4) Nevada Prime Healthcare will not share my mobile number with third parties for marketing purposes. I have read and agree to the program Terms & Conditions at nevadaprime.com/terms.html and Privacy Policy at nevadaprime.com/privacy.html.

Patient Signature

Date

Printed Name

Patient ID / MR# (if applicable)

Staff / Witness Name (Print)

Signature

Date

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