



W. Eric Frohn, M.D. Robert Barnett, M.D. Leo Bautista, M.D.

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P.O. BOX 2430 ~ 236 STARLYN AVENUE ~ NEW ALBANY, MISSISSIPPI 38652
PHONE (662) 534-4121 ~ FAX (662) 534-4172

COMMUNICATIONS REGARDING MY ACCOUNTS WITH ADVANCED OBSTETRICS AND GYNECOLOGY

Until my accounts are paid in full, I give my direct consent to receive communications regarding my accounts from any servicers and any collectors of my accounts, through various means such as cell phone, landline, or text number that I provide, auto dialer systems, voicemail messages and other forms of communications.

Patient

Date

Responsible Party

Date

Witness

Date