AXYS MEDICAL, LLC

AXYS EMR

Subscription & Billing Notifications

SMS Messaging Consent Form

For an authorized clinic representative. This copy is blank. Consent is optional.

Clinic / practice name

_____

Authorized representative's name

_____

Mobile phone number

_____

☐ **I agree to receive recurring SMS text messages from Axys Medical, LLC regarding my clinic's AXYS EMR subscription, including invoices, payment reminders, overdue balance notices, payment confirmations, and billing account updates. Message frequency varies. Message and data rates may apply. Reply STOP to opt out or HELP for assistance. Consent is not required to purchase or use AXYS EMR services.**

Privacy Policy: https://axysemrplatform.com/sms-privacy-policy
SMS Terms & Conditions: https://axysemrplatform.com/sms-terms

Signature _____ **Date** _____