

Consent to Receive Text Messages

Please fill out all parts of this form and email to textconsent@magellanhealth.com or fax to 866-667-7744.

By signing this paper, you give Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) your OK to send you text messages like health tips, appointment or refill reminders, and other health care messages that may contain your health information. Magellan does not charge any fees to send texts, but your data plan might do so. To stop the texts, you can text the word "STOP" to cancel at any time.

Cell Phone # (Include Area Code) to Receive Text Messages:		
Member's Last Name:	Member's First Name:	
Member's Medical Assistance ID #:	Member's Date of Birth:	
Member's Address:		
City:	State:	Zip Code:
Check One: <input type="checkbox"/> I am the member, OR <input type="checkbox"/> I have the legal right to act for this person.		
Check One: I am his/her <input type="checkbox"/> Parent OR <input type="checkbox"/> Guardian/Other:		
I give my OK to receive text messages about health tips, appointment or refill reminders, and other health care messages that may contain my health information. I understand that text messages cannot be sent securely and can be seen by anyone who uses my phone. If I lose my phone or change my number, I will tell Magellan.		
Signature or Mark of Member:		Date:

Authorized Representative means you have legal proof that you can act for this person. A representative signs for a person who cannot legally sign on his, her, their own. If you are signing on behalf of the member, complete the below section. **If the member is less than 18 years old**, a parent or guardian must sign below, in addition to the minor.

Signature of Authorized Representative:	Date:
Printed Name of Authorized Person:	
Relationship to Member:	
Full Address:	
Phone #:	

If you have questions, please contact Magellan at:

<i>Bucks County</i> 877-769-9784	<i>Cambria County</i> 800-424-0485	<i>Lehigh County</i> 866-238-2311	<i>Montgomery County</i> 877-769-9782	<i>Northampton County</i> 866-238-2312
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Members who are hearing impaired can reach us by using PA Relay 7-1-1.