



Date \_\_\_\_\_

### PERMISSION TO SEND AND RECEIVE TEXT AND EMAIL MESSAGES

When you sign this form, you agree for Blue Cross and Blue Shield of Texas (BCBSTX) to send messages to you by text\* on your phone or by email. The email and/or text messages will allow you to trade messages with you or your child’s service coordinator, case manager or disease manager. BCBSTX can also text you or send you emails about health topics you choose. Signing this form means you also agree that all text and/or email messages will be treated the same as if the messages were in writing and signed by the person sending the message.

For STAR members, please tell your or your child’s service coordinator if you do not want to keep getting text and/or email messages. For STAR or CHIP members, please tell your case manager or disease manager if you do not want to keep getting text and/or email messages.

If you need help understanding this form or if you want to learn more, you or your representative can call Blue Cross and Blue Shield of Texas (BCBSTX). The toll-free phone number is 1-888-657-6061. Members with hearing or speech loss may call the TTY line at **7-1-1**.

\* You might have extra charges for texts. Check with your cell phone carrier.

Member Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_ (Example: AT&T, T-Mobile, Sprint, etc.)

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian name: \_\_\_\_\_  
(If the member is less than 18 years old)

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[bcbstx.com/medicaid](http://bcbstx.com/medicaid)**

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.