BMI Benefits
FULL TPA SERVICES

P.O. Box 511
Matawan, NJ 07747
Phone: 800.445.3126
Fax: 732.583.9610
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MEDICAL AUTHORIZATION RELEASE FORM

Dear Medical Provider:

By completing and signing this form, I authorize you to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to the insurance administrator listed below.

BMI Benefits, LLC.
PO Box 511
Matawan, NJ 07747

Patient Name:
Patient Date of Birth:

I authorize the release of information related to medical services performed at your facility including:

- Medical Records
- Examination Notes
- Itemized Bills - HCFA 1500s or UB04s
- Primary Insurance Explanation of Benefits
- Statement of Account Showing Patient Payments
- Provider W9

At the request of my insurance administrator BMI Benefits, please release any of the above information related to medical services performed to treat the following injury I sustained:

Date of Injury:
Body Part Injured:

_____
Patient Name (Parent/Guardian if patient is a minor)

_____
Patient Signature (Parent/Guardian if patient is a minor)

_____
Date