



CONSENT TO RELEASE FORM

I hereby authorize, _____, its agents and/or contractors to release, upon request, information related to the injury/illness and/or settlement for the specified date of injury to the individual(s) and/or firm(s) listed below:



Alliance Medical Legal Consulting LLC
 1301 Skippack Pike, Suite 7A #131
 Blue Bell, PA 19422

How long can we give out the information? (Check one Block)

- Ongoing, as of _____
- Limited Time _____ *through* _____
- One Time Only

_____ Beneficiary's Name (please print)	_____ Medicare Number	_____ Medicaid Number (if applicable)
_____ Beneficiary's Signature	_____ Date Signed	_____ Date of Injury

If your Power of Attorney (POA) or legal representative signs this form for you, a copy of the POA or representation papers must accompany this form. Examples of such documents would include a Durable Power of Attorney, Letters of Guardianship/Conservatorship, or any other document that establishes your representative's authority.

Completion and signing of this consent form:

- Authorizes release of information to the person named above upon their request. This means that information disclosed to the above named person may be re-disclosed by them and may no longer be protected by law
- Allows release of claims and other information related to your injury/illness
- Is for release of information purposes only and does not affect benefits you are entitled to under a Medicaid program, if applicable

You have the right to revoke your authorization at any time in writing, except to the extent that it has already been acted based on your permission.

PRIVACY STATEMENT

The information to be collected in regard to this consent will be used in furtherance of, and to comply with, Section 1862(b) of the Social Security Act (42 U.S.C. 1395y). This information will be used to determine whether any services are covered by Medicare or Medicaid, or whether a no-fault, automobile, liability insurer, or any other person(s) may be responsible for such payment.

A photocopy or facsimile of this Consent to Release Form shall be valid and given the same force and effect as the original.