Medicare Consent to Release Form

Patient Information

Name: John A. Smith

Date of Birth: January 10, 1955

Medicare Number: 123-45-6789A

Authorized Entity/Individual

Name: Springfield Clinic

Relationship to Patient: Healthcare Provider

Contact Information: 1234 Main St, Springfield, IL, 62701, Phone: (555) 123-4567

Purpose of Release

- [ ] Personal Injury Claim
- [x] Litigation
- [ ] Insurance Dispute
- [ ] Coordination of Benefits
- [ ] Other (specify):

Scope of Information to be Released

- [ ] All Medical Records
- [x] Specific Dates of Service
- [ ] Diagnostic Reports
- [x] Treatment Plans
- [ ] Other (specify):

Duration of Authorization

This authorization is valid for 12 months/years from the date of signature unless revoked earlier.

Additional Conditions/Limitations

- [ ] No Disclosure Without Further Consent
- [x] Limitations on Use
- [x] Specific Recipient(s) Only
- [ ] Other (specify):

Signature of Patient/Authorized Representative:

John A. Smith

Date: May 7, 2024