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Beneficial Adjusting Co.

AUTHORIZATION TO RELEASE MEDICAL RECORDS, BILLING & INFORMATION

TO: All Treating Physicians and Medical Facilities

FROM: Beneficial Adjusting Company

RE: Name: _____

Employer: _____

Occupation: _____

Social Security #: _____ Date of Birth: _____

This is to authorize any physician, hospital, clinic, nurse, medical attendant/coder/biller, etcetera or others to furnish to the **BENEFICIAL ADJUSTING COMPANY and CHUNG KUO INSURANCE COMPANY, LTD.,** or any representative thereof, access to and/or copies of any and all medical records, information or opinions regarding my physical condition and treatment for:

_____

from 2000 to the present and to allow them to see or to copy any medical records, scans, prescriptions, test/lab results, medical work excuses/releases, etcetera which you/your medical facility may have regarding the above mentioned condition or treatment thereof.

Your full cooperation with the Beneficial Adjusting Company and with Chung Kuo Insurance Company, Ltd. is requested. Please furnish copies of these reports to the Beneficial Adjusting Company office via fax at (671) 477-1570, via email at: _____ or they can be sent or delivered to us at: Alpha Insurers Building 1st Floor, 123 Archbishop Flores Street, Hagatna, Guam 96910, USA.

A photocopy or facsimile copy of this authorization shall be as effective as its original.

_____
Claimant's Signature

_____ _____
Claimant's Printed Name Date

Alpha Insurers Bldg., 1st Floor, 123 Archbishop Flores St., Hagatna, GU 96910 | Tel: (671) 477-1568/9 | Fax: (671) 477-1570
www.alphainsurers.com | claims@alphainsurers.com

Uppert Tumon Branch: Honukai Center Suite 102, Next to American Medical Center | Tel: (671) 637-8833/44 | Fax: (671) 637-8855
General Agent for Chung Kuo insurance Co., Ltd.