

Account information authorization

Member Information

Name: _____

Medicaid number: _____

Email Address: _____

Phone number(s): Home: _____ Cell: _____

The following individuals have the member's permission to receive information regarding his/her Consumer Choices Option (CCO) account at Veridian Fiscal Solutions. This may include, but is not limited to, balance information, payment information, and the status of budget requests.

Parents(s)/Legal Guardian(s)

Name: _____

Email Address: _____

Phone number(s): Home: _____ Cell: _____

Name: _____

Email Address: _____

Phone number(s): Home: _____ Cell: _____

Additional Individuals

Name: _____

Email Address: _____

Phone number(s): Home: _____ Cell: _____

Name: _____

Email Address: _____

Phone number(s): Home: _____ Cell: _____

Name: _____

Email Address: _____

Phone number(s): Home: _____ Cell: _____

This authorization is effective as of the date that it is signed and will continue until the member or legal representative gives written notice that it should be terminated.

Member's signature: (Required) _____ Date: _____

Legal representative's signature: (if applicable) _____ Date: _____