Account authorization form

Participant name: ______________________________________

Medicaid number: ______________________________________

Submission of this Account Authorization form will replace any existing contacts on file with Veridian, and will remove any contacts that are not listed on the lines below.
I give permission with my signature below for Veridian Fiscal Solutions to disclose protected health information (PHI) to the following people:

Employer of record (if applicable): ______________________________________

Phone: ______________________________ Email: ______________________________

Name: ______________________________ Relationship: ______________________________

Phone: ______________________________ Email: ______________________________

Name: ______________________________ Relationship: ______________________________

Phone: ______________________________ Email: ______________________________

Name: ______________________________ Relationship: ______________________________

Phone: ______________________________ Email: ______________________________

The purpose of sharing this information is for continuity of care. Those listed above may receive all information regarding services provided by Veridian Fiscal Solutions. This is to include but is not limited to service information, payment information, current utilization, account balances, employee information, and all enrollment information and documentation. You may revoke this authorization at any time. This authorization is set to expire 30 days from your termination of service with Veridian Fiscal Solutions. You understand that information shared with a person/organization not covered by federal privacy regulations may be shared and is not protected.

____

Participant name | Signature | Date

____

Guardian/Authorized representative | Signature | Date

Information about alcohol/substance abuse and HIV/AIDS cannot be disclosed without your authorization below.

☐ Yes, share this information: ______________________________________

Participant/Authorized signature

ND 03_20

Veridian Fiscal Solutions