## Disability Form Information

Payment Received? ☐

**Account #:** ________________ **Physician:** _________________

**A fee of $25.00 per form is due before forms can be released.**

Please allow **seven (7) business days** for completion of forms.

**Patient Name:** _______________________________ **DOB:** ________________

Address: __________________________________ Phone:_________________

__________________________________ Email: ___________________________

City: ______________________ State: ______ Zip: ___________

### Indicate preferred method of delivery of completed form:

☐ Mail to Patient (address above)

☐ Mail to Insurance Company

Mailing Address: ______________________________________

______________________________________

______________________________________

______________________________________

☐ Fax to Insurance Company

Fax Number: ____________________________

Attention to: ____________________________

Comments / Instructions: __________________________________________

Number of Forms: ______ Date of Surgery Scheduled: ______________

I authorize BACTES Imaging Solutions, a trusted Business Associate of Central States Orthopedics, to release medical information to insurance carriers regarding disability claims.

I understand that:

- My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
- I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
- If the requestor or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be disclosed.
- I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
- I can request a copy of this form after I sign and date it.

Signature: ___________________________________ Date: _______________

This authorization expires 6 months days from the date of signature.

*All forms are completed in the order that they are received.*

*All form fees are due when request is submitted.*

*Should you have any questions, please call (479)202-0058.Please fax all forms to (918)388-0164.*

Updated 03-18-2014