



Claim Number: _____

Authorization to Release Medical/Dental and Wage Information

To whom it may concern:

This document, or a photocopy of same, will authorize any health care provided to furnish to Union Standard Insurance Group or its representative, any and all information in your possession regarding the undersigns condition while under your medical care, including the history obtained, x-rays, physical and laboratory findings, diagnosis and prognosis, etc.

This document, or a photocopy of same, will also authorize any employer of the undersigned, to furnish Union Standard Insurance Group or its representative, all information in your possession concerning the nature of the undersigned's employment, the amount of wages or salary and any lost time related to this incident.

The undersigned understands that they may refuse to sign this authorization and that the authorization will remain in effect until the final resolution of their claim with Union Standard Insurance Group. Any information received from this authorization may be subject to re-disclosure to any party that requests such information, provided they present a valid authorization that has also been signed by the undersigned party. It is also understood that the undersigned may revoke this authorization at any time, by writing to Union Standard Insurance Group and advising them that the authorization is hereby revoked on the date the letter is received by Union Standard Insurance Group.

Signature Date

SSN: _____ DOB: _____

INSURANCE FRAUD: *Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.*

WC Medical Billing Information

Attn: Bill Review
FAX: 614-932-8665
usigclaims@usic.com
PO Box 152180
Irving, TX 75015

Claims Department Contact Information

Union Standard Insurance Group
PO Box 152180, Irving, TX 75015
Phone: 800-955-0325 ext. 2200
Fax: 866-256-8744
usigclaims@usic.com

Commercial Insurance >> Done the Right Way >> By a Company of People >> Who Care

Union Standard Insurance Group on behalf of

Acadia Insurance Company • Continental Western Insurance Company • Firemen's Insurance Company of Washington, D.C. • Tri-State Insurance Company of Minnesota
Union Insurance Company • Union Standard Lloyds

Refer to the policy for the applicable Insurer, each of which has sole financial responsibility for its own products and services



Claim Number: _____

MEDICAL PROVIDERS (pertaining to this injury only):

*Name _____

Address _____

City _____ State _____ Zip _____ Ph.# _____

*Name _____

Address _____

City _____ State _____ Zip _____ Ph.# _____

*Name _____

Address _____

City _____ State _____ Zip _____ Ph.# _____

*Name _____

Address _____

City _____ State _____ Zip _____ Ph.# _____

*Name _____

Address _____

City _____ State _____ Zip _____ Ph.# _____

If more space is needed, please use the back of this form.

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