Hearit LLC
8346 N. Mammoth Dr.
Tucson, AZ 85743
Tel: 1-800-298-7184
Fax: 520-579-3368

RELEASE OF INFORMATION FORM

I, _____ authorize Hearit LLC to release any medical or other information necessary to process claims.

_____ _____

Recipient's Signature Date

This form will allow providers to obtain a lifetime authorization from the recipient to submit claims to private insurance, State Medicaid Programs, and Medicare.

THIS IS A LIFETIME AUTHORIZATION