ADMINISTRATIVE CONCEPTS, INC.

994 Old Eagle School Road • Suite 1005 • Wayne, PA 19087-1802 • Telephone: (610) 293-9229 • Fax: (610)293-9299 • www.visit-aci.com

Insured: _____

Claimant: _____

Group: _____

Insurance Company: _____

Policy#:_____

To any medical care provider, medical care facility, Insurer, government-sponsored health plan, or employer: I authorize the release of any medical information about me or my dependent(s) under the age of 18 years to Administrative Concepts, Inc. or the underwriting company. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past. The Company will use this information to determine if my claim is eligible. Any information obtained will not be released by the Company except to my primary health insurance carrier (if any) or persons or organizations performing investigative or legal services for the Company in connection with my claim. A copy of this authorization shall be considered as effective and valid as the original and shall remain in effect for one year from the date of authorization. I certify that the information given by me in support of my claim is true and correct.

Signed_____

Insured's/Guardian's signature

Date_____

Administrative Concepts, Inc. does not share private health information except as required or permitted by law. We are committed to guarding the private information entrusted to us.