

TRANSMISSION VERIFICATION REPORT

TIME : 09/17/2021 13:53
NAME : ALM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	09/17 13:49
FAX NO./NAME	9186694701849741319
DURATION	00:04:16
PAGE(S)	09
RESULT	OK
MODE	STANDARD

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396



AUBURN UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: Kevin O'Brien

To: Farmers Insurance From: WHS

Fax: 1-866-958-1774/866-947-004 Pages: 9

Phone: _____ Date 9-17-2021

Re: Medical Records for claim SL502254

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments: Records for Vivian James
10-11-1957

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

**FAX COVER SHEET**

Date: 09/17/21
Time: 10:50:04 AM
Pages (including cover):

To:

From: Kevin O'Brien
800-854-6011

Fax: 3342443396

Fax: 18669581774

Subject: Bills and Records request -- Vivian James

Attached is the medical authorization form for patient Vivian James. Please submit bills and records related to injury from 9/1/21. The Claim # to reference is SLS02234. Patient's DOB is 10/11/1957.

Kevin O'Brien/ Senior Casualty Adjuster / MetLife Auto and Home - A Part of Farmer's Insurance Group / Property & Casualty Claims /11330 Olive Boulevard, St. Louis, MO 63141 / T. 800-854-6011 x 5413/ F. 866-947-0184 / kobrien5@metlife.com<mailto:kobrien5@metlife.com>

Important Notice: The Farmers Insurance Group(r) (Farmers(r)), has acquired the MetLife Auto & Home(r) business from MetLife, Inc. (MetLife). Therefore, MetLife is no longer affiliated with MetLife Auto & Home and is not responsible for any of MetLife Auto & Homes' activities. Farmers will be responsible for all MetLife Auto & Home business decisions going forward.

The information contained in this message may be CONFIDENTIAL and is for the intended addressee only. Any unauthorized use, dissemination of the information, or copying of this message is

The information contained in this message may be CONFIDENTIAL and is intended for the addressee only. Any unauthorized use, dissemination of the information or copying of this message is prohibited. If you are not the addressee, please notify the sender by return mail and delete this message immediately.

If you have any problems with the transmission, please contact Kevin O'Brien at 800-854-6011

prohibited. If you are not the intended addressee, please notify the sender immediately and delete this message.

This email is being sent in an encrypted format using transport layer security.

The information contained in this message may be CONFIDENTIAL and is intended for the addressee only. Any unauthorized use, dissemination of the information or copying of this message is prohibited. If you are not the addressee, please notify the sender by return mail and delete this message immediately.

If you have any problems with the transmission, please contact Kevin O'Brien at 800-854-6011

MEDICAL AUTHORIZATION

Claim Number: SLS02234 DO

I, VIVIAN JAMES, AUTHORIZE any physician, surgeon, dentist, hospital, rehabilitation, convalescent custodial facility, ambulance owner, nurse or other health care provider, medical information bureau, claims index bureau, claims or insurance company or group policyholder, any employer, or any government agency, to give Metropolitan Group Property and Casualty Insurance Company – including its employees, representatives, or third party acting on its behalf, – all information they possess regarding injuries to me. This includes personal information and data about the insured/claimant, medical history and findings, consultations, prescriptions, treatments, x-rays, and diagnosis and prognosis, both before and after the date indicated on this form and regardless of time of the accident. Such records may also include:

- data about drugs prescribed, medical test results and sexually transmitted diseases;
- information, records and data about the proposed insured related to alcohol and drug abuse and treatment, including information and data records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR part 2;
- information, records and data about the insured/claimant relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions including, where permitted by applicable law, Human Immunodeficiency Virus (HIV) test results; and information, records and data about the insured/claimant relating to mental illness, except psychotherapy notes.

I UNDERSTAND the information Metropolitan Group Property and Casualty Insurance Company obtains by use of this authorization will serve to verify, evaluate, and negotiate my claim for benefits or services.

Expiration, Revocation and Refusal to Sign: This authorization will expire 24 months from the date on this form or sooner if prescribed by law. Unless permitted by applicable law, the insured/claimant cannot revoke this authorization: (1) to the extent that Metropolitan Group Property and Casualty Insurance Company has taken action relying on the authorization; or (2) if Metropolitan Group Property and Casualty Insurance Company obtained the authorization as a condition to the insured/claimant obtaining insurance coverage. In all other cases, the insured/claimant may revoke this authorization at any time. To revoke the authorization, the insured/claimant must write to Metropolitan Group Property and Casualty Insurance Company at Casualty Claims Team, Mail Processing Center, P.O. Box 6040, Scranton, PA 18505, and inform Metropolitan Group Property and Casualty Insurance Company that this Authorization is revoked. Any action taken before Metropolitan Group Property and Casualty Insurance Company receives the insured's/claimant's revocation will be valid. Revocation may be the basis for denying coverage or benefits.

By signing below, each insured/claimant acknowledges his or her understanding that:

- All or part of the information, records and data that Metropolitan Group Property and Casualty Insurance Company receives pursuant to this authorization may be disclosed to and used by any reinsurer, employee, affiliate or independent contractor who performs a business service for Metropolitan Group Property and Casualty Insurance Company on the insurance applied for or on existing insurance with Metropolitan Group Property and Casualty Insurance Company or disclosed as otherwise required or permitted by applicable laws.
- Medical information, records and data that may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, setting forth standards for the use, maintenance and disclosure of such information by health care providers and health plans and records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR part 2, once disclosed to

Important Notice: The Farmers Insurance Group® has acquired the MetLife Auto & Home® business from MetLife, Inc. As a result of the acquisition, the MetLife companies are no longer affiliated with MetLife Auto & Home. Farmers will now be responsible for your policy. If you have questions about this, please visit www.farmers.com/metpolicy/FAQ/. If you work with an agent and have additional questions about this, please call him/her.



Metropolitan Group Property and Casualty Insurance Company or upon redisclosure by Metropolitan Group Property and Casualty Insurance Company may no longer be covered by those laws or regulations.

- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- Information obtained pursuant to this authorization about a insured/claimant may be used, to the extent permitted by applicable law, to determine the insurability of other family members.

I AGREE that a photocopy of this Authorization will be as effective as the original.

I CONFIRM that I have received a copy of this Authorization for my personal records.

SIGNATURE: <u>Vivian James</u>		DATE OF BIRTH: <u>10-11-57</u>	
INVOLVED PARTY OR SIGNATURE OF PARENT OR GUARDIAN if treated person is a minor.			
PRINT NAME:	<u>Vivian James</u>	DATE:	<u>8/9/21</u>
ADDRESS:	<u>P.O. Box 184 Orrville, AL 36767</u>		
(PLEASE PRINT FULL ADDRESS)			

TREATING PROVIDERS:		
<u>Donbowk Health Services</u>	<u>7461 E Drive Montgomery AL 36117</u>	<u>334-244-3248</u>
Treating Provider Name	Address	Phone Number
<u>EMTC imaging</u>	<u>6880 Wilton Blount Blvd Montgomery AL 36117</u>	<u>334-277-1266</u>
Treating Provider Name	Address	Phone Number
Treating Provider Name	Address	Phone Number
Treating Provider Name	Address	Phone Number

Important Notice: The Farmers Insurance Group® has acquired the MetLife Auto & Home® business from MetLife, Inc. As a result of the acquisition, the MetLife companies are no longer affiliated with MetLife Auto & Home. Farmers will now be responsible for your policy. If you have questions about this, please visit www.farmers.com/metpolicy/FAQ/. If you work with an agent and have additional questions about this, please call him/her.