

* * * Communication Result Report (Sep. 22. 2022 4:52PM) * * *

1) AJM Warhawk Health Svcs.
2)

Date/Time: Sep. 22. 2022 4:49PM

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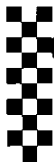
P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396

AUM | ALBANY UNIVERSITY
AT MONTGOMERY
WARHAWK HEALTH SERVICES

Attn: Julia Benington
To: Farmer's Insurance Claims From: WHS
Fax: 818-947-0184 Pages: 8
Phone: Date: 9/22/22
Re: Medical Records cc:
☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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FAX COVER SHEET

Date: 09/22/22
Time: 10:18:00 AM
Pages (including cover):

To:

From: Julia Bevington

Fax: 3342443396

Fax: 18669580399

Subject: FW: SLS02234

Julia Bevington
Senior Claims Adjuster
405-782-6846
Farmers Insurance Exchange

"At this time, I can be reached by telephone and e-mail; my phone number and email address have not changed. Email communications are preferred to avoid any potential delays caused by mailing. If you are unable to use email and hard copies of communications are required, they may be sent to PO Box 6040 Scranton, PA 18505-6040. We are unable to receive deliveries at any office location from FedEx, UPS or any other courier at this time."

Confidential

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If you have any problems with the transmission, please contact Julia Bevington at

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Casualty Claims Team
P.O. Box 6040
Scranton, PA 18505



August 10, 2022

Auburn Montgomery Student Health Services
7461 East Dr
Montgomery, AL 36117

Subject: Request for Medical Documentation and/or Billing

Our Customer:	Bernard Sears	Patient:	Vivian James
Our Claim Number:	SLS02234 SY	Patient DOB:	October 11, 1957
Date of Loss:	September 1, 2021		

Dear Auburn Montgomery Student Health Services:

Before we review the claim submitted by your patient Vivian James, we need the treatment documentation indicated below by [X]:

X	All medical records for treatment from 09/01/2021 to Present
	◆ Typed and handwritten office and nurse notes ◆ Narrative reports ◆ Disability statements ◆ Diagnostic and test results, notes and records.
X	A copy of the statement of charges, for treatment from 09/01/2021 to Present
	◆ The date of service ◆ The charges paid and by whom ◆ The outstanding balance, if any. ◆ CPT and ICD 10 Codes

Enclosed is an authorization validating this request. Please be sure to submit any charges you incur for reproducing these records. Thank you very much for your help in gathering this information.

Sincerely,

Julia Bevington CPCU
Farmers Group Property and Casualty Insurance Company
Senior Claim Adjuster
(405) 782-6846
Fax: (866) 947-0184
Email: julia.bevington@farmersinsurance.com

Enclosure(s): **Medical Authorization**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

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 Farmers 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, medical imaging studies such as MRI, CT and 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 Farmers 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 Farmers Group Property and Casualty Insurance Company has taken action relying on the authorization; or (2) if Farmers 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 Farmers Group Property and Casualty Insurance Company at Casualty Claims Team, P.O. Box 6040, Scranton, PA 18505, and inform Farmers Group Property and Casualty Insurance Company that this Authorization is revoked. Any action taken before Farmers 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 Farmers 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 Farmers Group Property and Casualty Insurance Company on the insurance applied for or on existing insurance with Farmers 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 Farmers Group Property and Casualty Insurance Company or upon redisclosure by Farmers 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	<i>Vivian James</i>	DATE OF BIRTH	10/11/57
INVOLVED PARTY OR SIGNATURE OF PARENT OR GUARDIAN if treated person is a minor		DATE	6/6/22
PRINT NAME	Vivian James		
ADDRESS	P.O. Box 184 Dr.ville, AL 36767 (PLEASE PRINT FULL ADDRESS)		

MEDICAL AUTHORIZATION

Claim Number: SLS02234 DO

TREATING PROVIDERS		
Treating Provider Name	Address	Phone Number
Rehab Associates	1391 E. Highland Ave Suite 113	334-875-6610
Main Street Urgent Care	1475 Al. Hwy 14E	334-875-7241
Treating Provider Name	Address	Phone Number
Treating Provider Name	Address	Phone Number
Treating Provider Name	Address	Phone Number

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.