

I, _____, authorize Noridian Healthcare Solutions (NHS), LLC, Part B Medical Review Staff to discuss all aspects of the current Medical Review being performed with the contact person(s) listed below. This consent includes, but is not limited to, patient medical records, claims, and billing information.

(List name, title or department, and phone number of each individual to whom authorization applies, i.e., Jane Doe, Medical Billing Consultant, (555) 555-5555.)

Name	Title/Department	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there are specific issues that you do not want discussed with the person(s) indicated above, please list them below.

This authorization is effective for the length of this review.

I understand I may revoke this authorization at any time by notifying the NHS Medical Review staff in writing.

Signed: _____ Date: _____

Printed Name: _____

Phone Number: _____

This form needs to be attached to the email for questions directed to medicalreviewpartb@noridian.com