

Letter of release of patient's medical record information to obtain medical imaging authorizations



I hereby authorize Sugar Mill Diagnostic Imaging(SMDI) to obtain authorizations for our doctor's office _____ . We are willing to release medical information, history, office notes, insurance card(s) and photo ID for our patients needing an authorization for Diagnostic Imaging at SMDI. We are giving SMDI permission to call on behalf of our office.

Printed Name & Title

Signature

Date

*****Needed with each patient needing Auth:**

- 1. History/progress notes**
- 2. *Prior exams/notes & DX codes related to tests ordered***
- 3. ID/INS cards front & back**

Dr.'s Name

Dr.'s NPI

Billing Name (doctor or office)

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