

# Authorization to Release Insurance Information Form Sample

The **Authorization to Release Insurance Information** form sample allows individuals to grant permission for their insurance details to be shared with specified parties. This document is essential for ensuring privacy compliance while facilitating communication between insurance providers and authorized entities. Using a clear and concise form helps streamline the insurance verification process efficiently.

Authorization to Release Insurance Information

Full Name:

Date of Birth:

Insurance Provider:

Policy Number:

Name of Authorized Party/Provider:

Relationship to Policyholder:

Information to be Released:

e.g., verification of coverage, benefit details,

Purpose of Disclosure:

☐ I hereby authorize the above-named insurance provider to release my insurance information to the specified party for the purposes indicated above.

Signature:

Date:

*This form is for sample purposes only. Please consult your insurance provider or legal adviser before using or distributing this document.*