Roxanne Hidaka, TCM
Meredith Funkhouser, TCM
Dr. Kathryn Otto, TCM
Ruby Simms, TCM
Shannon Shelton, TCM
Christine Cindric, Ed.S., TCM
Laura Singer, TCM
Sarah Otto, M.Ed., MPA., TCM

7600 W. 75th Street, Overland Park, KS 66204 | Phone: 913-636-8098| Fax: 913-649-1467 |

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: Date of Birth: [DOB]

Parent/Guardian Name: Social Security #: [SSN]

I request and authorize [Authorized individual] to release healthcare information of the patient named above to:

Case Management Services, Inc.
7600 W. 75th St., Overland Park, KS 66204

This request and authorization applies to:

- (●) Healthcare information relating to the following treatment, condition, or dates

Primary Insurance Information:

Name: Company Name:
Person Covered: Group #:
Coverage Date: Policy #:

- ( ) All healthcare information
- ( ) Other

Secondary Insurance Carrier:

Name: Company Name:
Person Covered: Group#:
Coverage Date: Policy #:

My KanCare provider is:

( ) Yes ( ) No Amerigroup

( ) Yes ( ) No Sunflower State Health Plan

( ) Yes ( ) No United Healthcare

(●) Yes ( ) No I authorize the release of any information with regards to payment of Targeted Case Management, and/or current coverage, to the persons listed above.

(●) Yes ( ) No I authorize the release of any records regarding primary insurance and treatment to the person(s) listed above.

Patient/Guardian Signature: ______________________________ Date signed: [Date]

Please return with an electronic or handwritten signature and include a copy of insurance cards (both front and back).