



Europ Assistance India

Star Hub #2, 7th Floor, Near ITC Maratha Hotel

Sahar, Andheri (E), Mumbai – 400 059, India

Phone: +1-833-440-1575 (Toll free within US and Canada)

+91 – 022 68227600 (ROW excluding the Americas)

Email:- EA.TATAclaims@europ-assistance.in (ROW)

tata.aig@europ-assistance.in (US and Canada)

Release of Medical Information

Europ Assistance India is the Medical Emergency Assistance Company for the following individual.

PATIENT INFORMATION			
Name:		Date of Birth:	
Europ Assistance India Case Number:		Policy Name:	
Home Address:			
CONSENT TO RELEASE PROTECTED HEALTH INFORMATION (PHI) TO EUROP ASSISTANCE INDIA			
<p>I, _____, hereby authorize any insurance company, prepayment organization, employer, hospital, or physician to release all information with respect to me or any of my dependents which may have a bearing on the benefits payable under this or any other plan providing benefits or services. I hereby certify the information provided is correct and true to the best of my knowledge. I further authorize the parties listed above to disclose my protected health information (PHI), including copies of my medical records and regular verbal report, to:</p> <p style="text-align: center;">Europ Assistance India Star Hub #2, 7th Floor, Near ITC Maratha Hotel Sahar, Andheri (E), Mumbai – 400 059, India</p>			
Facility / Hospital	Name:		
	Address:		
	Telephone :	Fax :	Email :
Physician	Name:		
	Address:		
	Telephone :	Fax :	Email :
Other / Home General Practitioner (GP)	Name:		
	Address:		
	Telephone :	Fax :	Email :
REQUESTED PHI TO BE PROVIDED TO EUROP ASSISTANCE INDIA			
<input checked="" type="checkbox"/> Complete Medical Record	ER Report(s)		Medication Record(s)
History and Physical	Physician Orders		Psychological Record(s)
Discharge Summary	Laboratory Report(s)		Drug/Alcohol Information
Consultation Report(s)	X-Ray, CT Scan, MRI		Infectious Disease (inc HIV)
Operative Report(s)	EKG, EEG, EMG		Progress Notes
Pathology Report(s)	Nuclear Medicine Report(s)		Other:
PURPOSE OF PHI			
<input checked="" type="checkbox"/> - Continuation of care facilitation		<input checked="" type="checkbox"/> For other purposes as required by law	
<input checked="" type="checkbox"/> - Benefits eligibility determination		Other:	
<input checked="" type="checkbox"/> - Billing and/or claims payment			
AUTHORIZE EUROP ASSISTANCE INDIA TO DISCLOSE MY PHI			
Designee (Circle) Yes No	Name:		
	Relationship:		
	Contact Number:		
Organization (Circle) Yes No	Name:		
	Relationship:		
	Contact Number:		
Signature of Patient / Designee:			Date:
Print Name of Patient / Designee:			Date:

Any questions concerning this request may be addressed by calling Europ Assistance India