

Pequot Health Care
Pequot Plus Health Benefit Services
Third Party Administration Division
1 Annie George Drive
PO Box 3730
Mashantucket, CT 06338
Phone: 888-779-6872
Local: 860-396-6489
Fax: 860-396-6157



MASHANTUCKET PEQUOT TRIBE CONSENT TO RELEASE OF INFORMATION

I, _____ an employee (**OR TRIBAL MEMBER**) of the Mashantucket Pequot Tribe, hereby authorize the Third Party Administrator of the Mashantucket Pequot Health Benefits Plan (hereinafter "Plan") to release any and all information about me and my health care to:

Name: _____

Address: _____

City, State, Zip: _____

for the purpose of reviewing my eligibility for coverage of certain health care services provided under the Plan. This release shall apply to any health care and/or medical records or documents that may be contained in my file.

This release is valid for a period of thirty (30) days from the date it is executed, as noted below. All information released pursuant to this Consent shall not be used for any purpose other than as stated above.

Social Security Number

Telephone Number

Street Address

City/State/Zip

Signature

Date