

REQUEST AND AUTHORIZATION

To: _____

Date of this request: _____

This is a request and your authorization to furnish WHETSTONE MYERS PERKINS & FULDA, LLC, Post Office Box 8086, Columbia, South Carolina 29202, the claims records and Explanation of Benefits (EOBs) for _____, as indicated below:

() **Other** _____

The purpose of this request is for review by my attorneys. This authorization is valid for a period of one (1) year from the date of signing. I understand that I may revoke this authorization by written notice to WHETSTONE MYERS PERKINS & FULDA, LLC at any time during this period, except to the extent a source of information has already relied on it to take an action. I further understand that the information I am requesting may be subject to re-disclosure and may no longer be protected by the health information privacy provisions of 45 CFR part 164.

Expiration Date: _____

Witness

A photo copy of this authorization shall grant the same authority as the signed original.

Respectfully,

**WHETSTONE MYERS PERKINS
& FULDA, LLC
601 Devine Street
Post Office Box 8086
Columbia, South Carolina 29202**