



Massachusetts
Based
Member
Driven

MIIA Member Services
One Federal Street, Ste. 19
Boston, Massachusetts 02110
Toll Free (Mass) Tel: 888-266-6442
Fax: 617-753-9987

MEDICAL AUTHORIZATION

To: _____

Date: _____

and any other physician, hospital, clinic or medical care provider, presently unknown to me, who may have or subsequently acquire information concerning my physical condition. You are hereby authorized to give Aon Risk Services of Massachusetts and the Corvel Corporation (or any of its representative), all information, facts and particulars, including reports, records, results from diagnostic tests, X-rays and statement of charges which may be requested regarding my medical condition, diagnosis, treatment and to furnish them copies of such reports. You are further authorized to allow any physicians appointed by them to review all such reports, records and X-rays in your possession.

I am willing that a photo static copy of this authorization be accepted with the same authority as the original.

This information is to be used for handling my claim from an occupational injury or illness occurring on or about _____ and for no other purpose, now or in the future.

This authorization is valid for the duration of the above condition.

Employee's Signature

Date

Employer: _____

Name of Employee: _____

SS#: _____ Date of Birth: _____

Claim #: _____ Date of Accident: _____