

**Injured Employee:**

**Employer:**

## **Authorization to Release Medical Information**

TO WHOM IT MAY CONCERN:

The undersigned authorizes and directs any physician, surgeon, therapist or hospital that has attended, examined or treated me to furnish to Motorists Mutual or their representatives, upon their request, any and all information and records, or copies of records relating to attendance, examination or treatment rendered me, with the further privilege of personal examination of such records.

A photocopy of this authorization shall serve in its stead.

This authorization is valid for a period of 1 year from the date below

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

<p><b>NOTICE:</b> Pennsylvania's anti-fraud law requires that all insurers provide the following notification: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.</p>
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