

AUTHORIZATION FOR RELEASE OF WORKERS COMPENSATION CLAIMS FILE

TO: _____

This is to authorize the Employer's Insurance Company of Nevada, or any applicable Workers Compensation administrator or provider to release and make available to:

Name: _____

Address: _____

or any other representative thereof, the following documentation:

All medical records, charts, x-ray reports, correspondence, copies of itemized bills pertaining to treatment rendered, any decisions rendered, including any disability rating given concerning the undersigned.

You are further authorized and instructed to accept a photocopy of this signed authorization in the place and stead of the executed original thereof.

Dated this _____ day of _____, 20__.

x _____